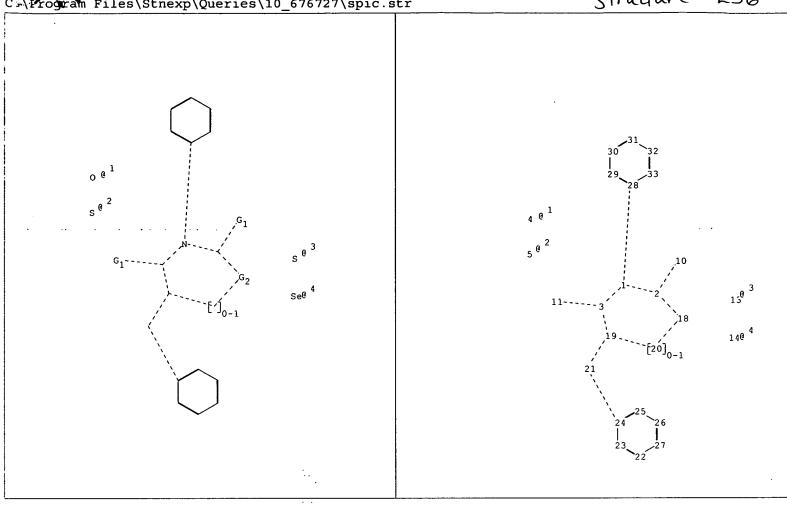
```
4 5 10 11
ring nodes :
   1 2 3 13 14
                   18 19
chain bonds :
   2-10 3-11
ring bonds :
   1-2 1-3 2-18
exact/norm bonds :
   1-2 1-3 2-10 2-18 3-11 3-19
G1:[*1],[*2]
G2:[*3],[*4]
Connectivity:
   2:3 E exact RC ring/chain 3:3 E exact RC ring/chain 4:1 E exact RC ring/chain
   5:1 E exact RC ring/chain
Match level :
   1:Atom 2:Atom 3:Atom 4:CLASS 5:CLASS 10:CLASS 11:CLASS 13:Atom 14:Atom 18:CLASS
```

chain nodes :

19:Atom



chain nodes :

4 5 10 11

ring nodes :

1 2 3 13 14 18 19 20 22 23 24 25 26 27 28

chain bonds :

1-28 2-10 3-11 19-21 21-24

ring bonds :

1-2 1-3 2-18 3-19 18-20 19-20 22-23 22-27 23-24 24-25 25-26 26-27 28-29

28-33 29-30 30-31 31-32 32-33

exact/norm bonds :

1-2 1-3 1-28 2-10 2-18 19-20 19-21 21-24 3-11 3-19 18-20

normalized bonds :

22-23 22-27 23-24 24-25 25-26 26-27 28-29 28-33 29-30 30-31 31-32 32-33

G1: [*1], [*2]

G2:[*3],[*4]

Connectivity:

2:3 E exact RC ring/chain 3:3 E exact RC ring/chain 4:1 E exact RC ring/chain

5:1 E exact RC ring/chain

Match level :

1:Atom 2:Atom 3:Atom 4:CLASS 5:CLASS 10:CLASS 11:CLASS 13:Atom 14:Atom 18:CLASS

19:Atom 20:Atom 21:CLASS 22:Atom 23:Atom 24:Atom 25:Atom 26:Atom 27:Atom 28:Atom

29:Atom 30:Atom 31:Atom 32:Atom 33:Atom

Spivack 10/676727

=> d his full

L3

L12

(FILE 'HOME' ENTERED AT 09:00:18 ON 16 FEB 2006)

FILE 'REGISTRY' ENTERED AT 09:00:36 ON 16 FEB 2006

L1 1109869 SEA ABB=ON PLU=ON NCSC2/ESS L2 985269 SEA ABB=ON PLU=ON L1 AND O>0

> FILE 'CAPLUS' ENTERED AT 09:02:06 ON 16 FEB 2006 E US2003-676727/APPS

1 SEA ABB=ON PLU=ON US2003-676727/AP

D SCA SEL RN D IALL

FILE 'REGISTRY' ENTERED AT 09:04:13 ON 16 FEB 2006

13 SEA ABB=ON PLU=ON (121-44-8/BI OR 292174-08-4/BI OR 301308-44 -1/BI OR 303056-54-4/BI OR 307510-92-5/BI OR 328250-71-1/BI OR 504-78-9/BI OR 50718-91-7/BI OR 535962-72-2/BI OR 619-66-9/BI OR 677027-74-6/BI OR 677027-75-7/BI OR 98-16-8/BI) D SCA

FILE 'STNGUIDE' ENTERED AT 09:05:35 ON 16 FEB 2006

FILE 'STNGUIDE' ENTERED AT 09:26:02 ON 16 FEB 2006

FILE 'REGISTRY' ENTERED AT 09:54:31 ON 16 FEB 2006

L*** DEL STRUCTURE UPLOADED

L*** DEL 0 S L*** SAM SSS

L7 STRUCTURE UPLOADED

L8 50 SEA SSS SAM L7 D STAT QUE L8

D SIAI QUE L

L*** DEL 0 S L4 AND L8 L9 101796 SEA SSS FUL L7

FILE 'CAPLUS' ENTERED AT 09:59:24 ON 16 FEB 2006 L10 11681 SEA ABB=ON PLU=ON L9

FILE 'REGISTRY' ENTERED AT 09:59:48 ON 16 FEB 2006 SAVE TEMP L9 SPI727STRB/A

FILE 'CAPLUS' ENTERED AT 10:00:29 ON 16 FEB 2006

FILE 'STNGUIDE' ENTERED AT 10:00:42 ON 16 FEB 2006

FILE 'CAPLUS' ENTERED AT 10:08:23 ON 16 FEB 2006

L11 10928 SEA ABB=ON PLU=ON CYSTIC?/OBI

20440 SEA ABB=ON PLU=ON ?CYSTIC?/BI

L13 23 SEA ABB=ON PLU=ON L11 AND L10

E CFTR+ALL/CT

E E2+ALL

L14 4392 SEA ABB=ON PLU=ON CFTR?/BI

L15 13 SEA ABB=ON PLU=ON L14 AND L10

L*** DEL 0 S L15 NOT L13

L16 162 SEA ABB=ON PLU=ON L12 AND L10

L17 139 SEA ABB=ON PLU=ON L16 NOT L13

FILE 'STNGUIDE' ENTERED AT 10:18:11 ON 16 FEB 2006

FILE 'CAPLUS' ENTERED AT 10:49:51 ON 16 FEB 2006

```
E CYSTIC FIBROSIS+ALL/CT
L18
           504 SEA ABB=ON PLU=ON ?FIBROCYSTIC?/BI
             1 SEA ABB=ON PLU=ON (?FIBRO CYSTIC?)/BI
L19
               D SCA
         11128 SEA ABB=ON PLU=ON (?CYSTIC FIBRO?)/BI
L20
         11128 SEA ABB=ON PLU=ON (L19 OR L20)
L21
            23 SEA ABB=ON PLU=ON L21 AND L10
L22
L*** DEL
             0 S L22 NOT L13
         10507 SEA ABB=ON PLU=ON ION TRANSPORT/OBI
L23
             2 SEA ABB=ON PLU=ON L10 AND L23
L24
               D SCA
         62389 SEA ABB=ON PLU=ON ((ION? OR CHLOR?) (3A) ?TRANSP?)/BI
L25
            28 SEA ABB=ON PLU=ON L10 AND L25
L26
            19 SEA ABB=ON PLU=ON L26 NOT (L13 OR L15 OR L22 OR L24)
L27
               D SCA
L28
           379 SEA ABB=ON PLU=ON VERKMAN A?/AU
          1877 SEA ABB=ON PLU=ON MA T?/AU
L29
L30
            60 SEA ABB=ON PLU=ON L28 AND L29
               E MA T/AU
             3 SEA ABB=ON PLU=ON L30 AND L10
L31
             8 SEA ABB=ON PLU=ON L30 AND (L11 OR L12 OR L14 OR L18 OR L19
L32
               OR L20 OR L23 OR L25)
     FILE 'REGISTRY' ENTERED AT 11:12:53 ON 16 FEB 2006
               D SCA L4
               E "BENZOIC ACID, 4-((4-OXO-2-THIOXO-3-(3-(TRIFLUOROMETHYL)PHEN
             1 SEA ABB=ON PLU=ON: "BENZOIC ACID, 4-((4-OXO-2-THIOXO-3-(3-(TRI
L33
               FLUOROMETHYL) PHENYL) -5-THIAZOLIDINYLIDENE) METHYL) -"/CN
     FILE 'CAPLUS' ENTERED AT 11:18:22 ON 16 FEB 2006
             9 SEA ABB=ON PLU=ON L33
L34
     FILE 'REGISTRY' ENTERED AT 11:19:03 ON 16 FEB 2006
     FILE 'REGISTRY' ENTERED AT 11:19:09 ON 16 FEB 2006
              STR 307510-92-5
L35
             0 SEA FAM SAM L35
L36
             O SEA SUB=L9 FAM SAM L35
L37
             2 SEA SUB=L9 FAM FUL L35
L38
               D SCA
     FILE 'CAPLUS' ENTERED AT 11:20:47 ON 16 FEB 2006
             9 SEA ABB=ON PLU=ON L38
L39
             9 SEA ABB=ON PLU=ON L39 AND (L11 OR L12 OR L14 OR (L18 OR L19
L40
               OR L20) OR L23)
           4349 SEA ABB=ON PLU=ON L9 (L) (THU OR PAC OR DMA OR PKT OR
L41
               BAC)/RL
            19 SEA ABB=ON PLU=ON L41 AND L25
L42
            14 SEA ABB=ON PLU=ON L42 NOT (L13 OR L15 OR L22 OR L24)
L43
     FILE 'MEDLINE' ENTERED AT 11:28:17 ON 16 FEB 2006
         25743 SEA ABB=ON PLU=ON CYSTIC FIBR?
L44
          3738 SEA ABB=ON PLU=ON CFTR
L45
          3396 SEA ABB=ON PLU=ON FIBROCYST? OR (FIBRO CYST?)
L46
          3752 SEA ABB=ON PLU=ON CFTR?
L47
           383 SEA ABB=ON PLU=ON VERKMAN A?/AU
L48
L49
           489 SEA ABB=ON PLU=ON MA T?/AU
            56 SEA ABB=ON PLU=ON L48 AND L49
L50
             6 SEA ABB=ON PLU=ON L50 AND (L44 OR L45 OR L46 OR L47)
L51
           58 SEA ABB=ON PLU=ON (L48 OR L49) AND (L44 OR L45 OR L46 OR
L52
```

L47)

	FILE	'STNGUIDE' ENTERED AT 11:34:47 ON 16 FEB 2006
L53		'MEDLINE' ENTERED AT 11:44:37 ON 16 FEB 2006 O SEA ABB=ON PLU=ON L38
L54		'REGISTRY' ENTERED AT 11:44:50 ON 16 FEB 2006 SET SMARTSELECT ON SEL PLU=ON L38 1- CHEM: 4 TERMS
		SET SMARTSELECT OFF
L55		'MEDLINE' ENTERED AT 11:44:51 ON 16 FEB 2006 1 SEA ABB=ON PLU=ON L54
	FILE	'STNGUIDE' ENTERED AT 11:49:47 ON 16 FEB 2006
L56 L57 L58	FILE	'REGISTRY' ENTERED AT 11:49:48 ON 16 FEB 2006 STRUCTURE UPLOADED 50 SEA SUB=L9 SSS SAM L56 7067 SEA SUB=L9 SSS FUL L56 SAVE TEMP SPI727STRC/A L58
L59		'CAPLUS' ENTERED AT 11:51:48 ON 16 FEB 2006 238 SEA ABB=ON PLU=ON L58
	FILE	'MEDLINE' ENTERED AT 11:52:14 ON 16 FEB 2006
	FILE	'REGISTRY' ENTERED AT 11:53:49 ON 16 FEB 2006
	FILE	'MEDLINE' ENTERED AT 11:54:33 ON 16 FEB 2006
L60 L61	FILE	'REGISTRY' ENTERED AT 11:54:43 ON 16 FEB 2006 O SEA ABB=ON PLU=ON L58 AND MEDLINE/LC 29 SEA ABB=ON PLU=ON L9 AND MEDLINE/LC
L62 L63 L64		'MEDLINE' ENTERED AT 11:56:10 ON 16 FEB 2006 3293 SEA ABB=ON PLU=ON L61 1 SEA ABB=ON PLU=ON L62 AND (L44 OR L45 OR L46 OR L47) 14298 SEA ABB=ON PLU=ON ION? (3A) ?TRANSP? 5 SEA ABB=ON PLU=ON L62 AND L64 D TRIAL 1-5
L66	FILE	'CAPLUS' ENTERED AT 11:59:17 ON 16 FEB 2006 6 SEA ABB=ON PLU=ON L25 AND L59
	FILE	'MEDLINE' ENTERED AT 12:01:13 ON 16 FEB 2006
L67	FILE	'REGISTRY' ENTERED AT 12:01:27 ON 16 FEB 2006 SET SMARTSELECT ON SEL PLU=ON L61 1- CHEM: 132 TERMS SET SMARTSELECT OFF
L68 L69		'MEDLINE' ENTERED AT 12:01:32 ON 16 FEB 2006 6472 SEA ABB=ON PLU=ON L67 16 SEA ABB=ON PLU=ON L68 AND (L44 OR L45 OR L46 OR L47) D SCA D TRIAL L69 1-16
	FILE	'EMBASE' ENTERED AT 12:04:13 ON 16 FEB 2006

```
L70
         360 SEA ABB=ON PLU=ON VERKMAN A?/AU
         405 SEA ABB=ON PLU=ON MA T?/AU
L71
           56 SEA ABB=ON PLU=ON L70 AND L71
L72
         53696 SEA ABB=ON PLU=ON CYSTIC?
L73
          1353 SEA ABB=ON PLU=ON (FIBROCYSTIC? OR (FIBRO CYST?))
L74
               E CYSTIC FIBROSIS+ALL/CT
             6 SEA ABB=ON PLU=ON MUCOVISCOID?
L75
               E CFTR/CT
          3377 SEA ABB=ON PLU=ON CFTR?
L76
             6 SEA ABB=ON PLU=ON L70 AND L71 AND (L73 OR L74 OR L75 OR L76)
L77
    FILE 'REGISTRY' ENTERED AT 12:07:32 ON 16 FEB 2006
L78
            22 SEA ABB=ON PLU=ON L9 AND EMBASE/LC
    FILE 'EMBASE' ENTERED AT 12:07:43 ON 16 FEB 2006
    FILE 'REGISTRY' ENTERED AT 12:08:06 ON 16 FEB 2006
               SET SMARTSELECT ON
               SEL PLU=ON L78 1- CHEM: 110 TERMS
L79
               SET SMARTSELECT OFF
    FILE 'EMBASE' ENTERED AT 12:08:08 ON 16 FEB 2006
         8516 SEA ABB=ON PLU=ON L79
L80
          8516 SEA ABB=ON PLU=ON (L78 OR L80 )
L81
    FILE 'REGISTRY' ENTERED AT 12:08:59 ON 16 FEB 2006
               SET SMARTSELECT ON ...
L82
               SEL PLU=ON L38 1- CHEM:
               SET SMARTSELECT OFF
    FILE 'EMBASE' ENTERED AT 12:09:00 ON 16 FEB 2006
            2 SEA ABB=ON PLU=ON L82~
L83
L84
            2 SEA ABB=ON PLU=ON (L38 OR L83 )
            2 SEA ABB=ON PLU=ON L84 AND ((L73 OR L74 OR L75 OR L76))
L85
            32 SEA ABB=ON PLU=ON L81 AND (L73 OR L74 OR L75 OR L76)
L86
               D SCA
               D TRIAL 1-5
L87
             1 SEA ABB=ON PLU=ON L77 AND L81
    FILE 'MEDLINE' ENTERED AT 12:14:55 ON 16 FEB 2006
          8 SEA ABB=ON PLU=ON (L48 OR L49) AND L68
L88
    FILE 'EMBASE' ENTERED AT 12:16:50 ON 16 FEB 2006
L89
            5 SEA ABB=ON PLU=ON (L70 OR L71) AND L80
    FILE 'CAPLUS' ENTERED AT 12:17:20 ON 16 FEB 2006
L90
             8 SEA ABB=ON PLU=ON L10 AND (L28 OR L29)
    FILE 'BIOSIS' ENTERED AT 12:17:51 ON 16 FEB 2006
           673 SEA ABB=ON PLU=ON VERKMAN A?/AU
L91
           726 SEA ABB=ON PLU=ON MA T?/AU
L92
L93
           113 SEA ABB=ON PLU=ON L91 AND L92
    FILE 'REGISTRY' ENTERED AT 12:18:18 ON 16 FEB 2006
          52 SEA ABB=ON PLU=ON L9 AND BIOSIS/LC
L94
    FILE 'BIOSIS' ENTERED AT 12:18:35 ON 16 FEB 2006
         4798 SEA ABB=ON PLU=ON L94
L95
         47945 SEA ABB=ON PLU=ON CYSTIC?
L96
```

```
L97 1202 SEA ABB=ON PLU=ON FIBROCYST? OR (FIBRO CYST?)
L98
        4750 SEA ABB=ON PLU=ON CFTR
        4793 SEA ABB=ON PLU=ON CFTR?
1,99
         1 SEA ABB=ON PLU=ON L95 AND (L96 OR L97 OR L98 OR L99)
L100
           1 SEA ABB=ON PLU=ON (L91 OR L92) AND L95
L101
          60 SEA ABB=ON PLU=ON (L91 OR L92) AND (L96 OR L97 OR L98 OR
L102
             L99)
           6 SEA ABB=ON PLU=ON L91 AND L92 AND (L96 OR L97 OR L98 OR L99)
L103
   FILE 'REGISTRY' ENTERED AT 12:21:17 ON 16 FEB 2006
              SET SMARTSELECT ON
L104
              SEL PLU=ON L94 1- CHEM: 237 TERMS
              SET SMARTSELECT OFF
   FILE 'BIOSIS' ENTERED AT 12:21:23 ON 16 FEB 2006
     6185 SEA ABB=ON PLU=ON L104
L105
         6 SEA ABB=ON PLU=ON L105 AND (L96 OR L97 OR L98 OR L99)
L106
           1 SEA ABB=ON PLU=ON L105 AND L93
L107
   FILE 'REGISTRY' ENTERED AT 12:23:14 ON 16 FEB 2006
              SET SMARTSELECT ON
              SEL PLU=ON L38 1- CHEM: 4 TERMS
L108
              SET SMARTSELECT OFF
   FILE 'BIOSIS' ENTERED AT 12:23:15 ON 16 FEB 2006
L109 2 SEA ABB=ON PLU=ON L108
           2 SEA ABB=ON PLU=ON (L38 OR L109 )
L110
   FILE 'REGISTRY' ENTERED AT 12:24:16 ON 16 FEB 2006
       ANALYZE PLU=ON L38 1- LC : 5 TERMS
              D
   FILE 'USPATFULL' ENTERED AT 12:25:09 ON 16 FEB 2006
           2 SEA ABB=ON PLU=ON L38
   FILE 'REGISTRY' ENTERED AT 12:25:56 ON 16 FEB 2006
L113 11556 SEA ABB=ON PLU=ON L9 AND USPATFULL/LC
    FILE 'USPATFULL' ENTERED AT 12:26:20 ON 16 FEB 2006
   FILE 'REGISTRY' ENTERED AT 12:26:53 ON 16 FEB 2006
          45 SEA ABB=ON PLU=ON L58 AND USPATFULL/LC
   FILE 'USPATFULL' ENTERED AT 12:27:07 ON 16 FEB 2006
          23 SEA ABB=ON PLU=ON L114
         11441 SEA ABB=ON PLU=ON CYSTIC FIBR?
L116
         1108 SEA ABB=ON PLU=ON FIBROCYSTIC? OR (FIBRO CYSTIC?)
L117
L118
         3284 SEA ABB=ON PLU=ON CFTR?
L119
           4 SEA ABB=ON PLU=ON L115 AND ((L116 OR L117 OR L118))
   FILE 'REGISTRY' ENTERED AT 12:29:19 ON 16 FEB 2006
              SET SMARTSELECT ON
              SEL PLU=ON L38 1- CHEM: 4 TERMS
              SET SMARTSELECT OFF
   FILE 'USPATFULL' ENTERED AT 12:29:20 ON 16 FEB 2006
L121 3 SEA ABB=ON PLU=ON L120
L122
           3 SEA ABB=ON PLU=ON (L112 OR L121) AND (L116 OR L117 OR L118)
```

```
FILE 'REGISTRY' ENTERED AT 12:30:05 ON 16 FEB 2006
               SET SMARTSELECT ON
               SEL PLU=ON L114 1- CHEM: 59 TERMS
L123
               SET SMARTSELECT OFF
   FILE 'USPATFULL' ENTERED AT 12:30:10 ON 16 FEB 2006
            4 SEA ABB=ON PLU=ON L123
            4 SEA ABB=ON PLU=ON L124 AND (L116 OR L117 OR L118)
L125
            4 SEA ABB=ON PLU=ON VERKMAN A?/AU
L126
          100 SEA ABB=ON PLU=ON MA T?/AU
L127
             2 SEA ABB=ON PLU=ON L126 AND L127
L128
             4 SEA ABB=ON PLU=ON (L126 OR L127) AND (L116 OR L117 OR L118)
L129
             2 SEA ABB=ON PLU=ON (L126 OR L127) AND (L119 OR L125 OR L122)
L130
    FILE 'STNGUIDE' ENTERED AT 12:33:03 ON 16 FEB 2006
    FILE 'REGISTRY' ENTERED AT 12:34:11 ON 16 FEB 2006
               D STAT OUE L9
               D STAT OUE L38
               D STAT QUE L58
    FILE 'STNGUIDE' ENTERED AT 12:35:04 ON 16 FEB 2006
    FILE 'CAPLUS' ENTERED AT 12:38:56 ON 16 FEB 2006
               D QUE NOS L31
               D OUE NOS L32
               D QUE NOS L90
L131
            13 SEA ABB=ON PLU=ON L31 OR L32 OR L90
    FILE 'MEDLINE' ENTERED AT 12:38:59 ON 16 FEB 2006
               D OUE NOS L51
               D OUE NOS L88
L132
            13 SEA ABB=ON PLU=ON L51 OR L88
    FILE 'EMBASE' ENTERED AT 12:39:03 ON 16 FEB 2006
               D QUE NOS L77
               D QUE NOS L87
               D QUE NOS L89
L133
            10 SEA ABB=ON PLU=ON L77 OR L87 OR L89
    FILE 'BIOSIS' ENTERED AT 12:39:07 ON 16 FEB 2006
               D OUE NOS L101
               D QUE NOS L103
               D QUE NOS L107
             6 SEA ABB=ON PLU=ON L101 OR L103 OR L107
L134
    FILE 'USPATFULL' ENTERED AT 12:39:11 ON 16 FEB 2006
               D QUE NOS L128
               D QUE NOS L129
               D QUE NOS L130
L135
             4 SEA ABB=ON PLU=ON (L128 OR L129 OR L130)
    FILE 'STNGUIDE' ENTERED AT 12:39:26 ON 16 FEB 2006
    FILE 'CAPLUS, MEDLINE, EMBASE, BIOSIS, USPATFULL' ENTERED AT 12:40:30 ON
    16 FEB 2006
L136
           23 DUP REM L131 L132 L133 L134 L135 (23 DUPLICATES REMOVED)
                    ANSWERS '1-13' FROM FILE CAPLUS
                    ANSWERS '14-18' FROM FILE MEDLINE
                    ANSWERS '19-20' FROM FILE EMBASE
```

```
ANSWERS '21-23' FROM FILE USPATFULL
```

- D IBIB ABS HITIND HITSTR L136 1-13
- D IALL L136 14-20
- D IBIB ABS HITSTR L136 21-23

FILE 'STNGUIDE' ENTERED AT 12:42:24 ON 16 FEB 2006

FILE 'CAPLUS' ENTERED AT 12:45:36 ON 16 FEB 2006

D QUE NOS L39

D QUE NOS L40

L137 3 SEA ABB=ON PLU=ON ((L39 OR L40)) NOT L131

FILE 'MEDLINE' ENTERED AT 12:45:39 ON 16 FEB 2006

D QUE NOS L55

L138 O SEA ABB=ON PLU=ON L55 NOT L132

FILE 'EMBASE' ENTERED AT 12:45:42 ON 16 FEB 2006

D OUE NOS L85

L139 1 SEA ABB=ON PLU=ON L85 NOT L133

FILE 'BIOSIS' ENTERED AT 12:45:45 ON 16 FEB 2006

D QUE NOS L110

L140 2 SEA ABB=ON PLU=ON L110 NOT L134

FILE 'USPATFULL' ENTERED AT 12:45:47 ON 16 FEB 2006

D OUE NOS L122

L141 1 SEA ABB=ON PLU=ON L122 NOT L135 '

FILE 'STNGUIDE' ENTERED AT 12:46:00 ON 16 FEB 2006

FILE 'CAPLUS, EMBASE, BIOSIS, USPATFULL' ENTERED AT 12:47:01 ON 16 FEB

2006

L142 5 DUP REM L137 L139 L140 L141 (2 DUPLICATES REMOVED)

ANSWERS '1-3' FROM FILE CAPLUS

ANSWER '4' FROM FILE BIOSIS

ANSWER '5' FROM FILE USPATFULL

D IBIB ABS HITIND HITSTR L142 1-3

D IALL L142 4

D IBIB ABS KWIC HITSTR L142 5

FILE 'STNGUIDE' ENTERED AT 12:48:41 ON 16 FEB 2006

FILE 'CAPLUS' ENTERED AT 12:54:29 ON 16 FEB 2006

D QUE NOS L13

D QUE NOS L15

D QUE NOS L22

D QUE NOS L24

D QUE NOS L66

L143 15 SEA ABB=ON PLU=ON (L13 OR L15 OR L22 OR L24 OR L66) NOT

(L137 OR L131)

FILE 'MEDLINE' ENTERED AT 12:54:34 ON 16 FEB 2006

D OUE NOS L60

D OUE NOS L65

D QUE NOS L69

L144 15 SEA ABB=ON PLU=ON (L60 OR L65 OR L69) NOT (L132 OR L138)

FILE 'EMBASE' ENTERED AT 12:54:38 ON 16 FEB 2006

D OUE NOS L86

L145 26 SEA ABB=ON PLU=ON L86 NOT (L133 OR L139)

FILE 'BIOSIS' ENTERED AT 12:54:41 ON 16 FEB 2006 D QUE NOS L100

D QUE NOS L106

L146 3 SEA ABB=ON PLU=ON (L100 OR L106) NOT (L134 OR L140)

FILE 'USPATFULL' ENTERED AT 12:54:44 ON 16 FEB 2006

D QUE NOS L119

D QUE NOS L125

L147 2 SEA ABB=ON PLU=ON (L119 OR L125) NOT (L141 OR L135)

FILE 'STNGUIDE' ENTERED AT 12:54:55 ON 16 FEB 2006

FILE 'CAPLUS, MEDLINE, EMBASE, BIOSIS, USPATFULL' ENTERED AT 12:56:13 ON 16 FEB 2006

L148

56 DUP REM L143 L144 L145 L146 L147 (5 DUPLICATES REMOVED)
ANSWERS '1-15' FROM FILE CAPLUS
ANSWERS '16-29' FROM FILE MEDLINE

ANSWERS '30-53' FROM FILE EMBASE ANSWER '54' FROM FILE BIOSIS

ANSWERS '55-56' FROM FILE USPATFULL

D IBIB ABS HITIND HITSTR L148 1-15

D IALL L148 16-54

D IBIB ABS KWIC HITSTR L148 55-56 .

FILE HOME

FILE REGISTRY

Property values tagged with IC are from the ZIC/VINITI data file provided by InfoChem.

STRUCTURE FILE UPDATES: 14 FEB 2006 HIGHEST RN 874270-88-9 DICTIONARY FILE UPDATES: 14 FEB 2006 HIGHEST RN 874270-88-9

New CAS Information Use Policies, enter HELP USAGETERMS for details.

TSCA INFORMATION NOW CURRENT THROUGH JULY 14, 2005

Please note that search-term pricing does apply when conducting SmartSELECT searches.

* the IDE default display format and the ED field has been added,
* effective March 20, 2005. A new display format, IDERL, is now
* available and contains the CA role and document type information. *

Structure search iteration limits have been increased. See HELP SLIMITS for details.

REGISTRY includes numerically searchable data for experimental and predicted properties as well as tags indicating availability of experimental property data in the original document. For information on property searching in REGISTRY, refer to:

http://www.cas.org/ONLINE/UG/regprops.html

FILE CAPLUS

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FILE COVERS 1907 - 16 Feb 2006 VOL 144 ISS 8 FILE LAST UPDATED: 15 Feb 2006 (20060215/ED)

Effective October 17, 2005, revised CAS Information Use Policies apply. They are available for your review at:

http://www.cas.org/infopolicy.html

FILE STNGUIDE

FILE CONTAINS CURRENT INFORMATION.

LAST RELOADED: Feb 10, 2006 (20060210/UP).

FILE MEDLINE

FILE LAST UPDATED: 15 FEB 2006 (20060215/UP). FILE COVERS 1950 TO DATE.

On December 11, 2005, the 2006 MeSH terms were loaded.

The MEDLINE reload for 2006 will soon be available. For details on the 2005 reload, enter HELP RLOAD at an arrow promt (=>). See also:

http://www.nlm.nih.gov/mesh/

http://www.nlm.nih.gov/pubs/techbull/nd04/nd04 mesh.html

http://www.nlm.nih.gov/pubs/techbull/nd05/nd05_med_data_changes.html

http://www.nlm.nih.gov/pubs/techbull/nd05/nd05_2006_MeSH.html

OLDMEDLINE is covered back to 1950.

MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the MeSH 2006 vocabulary.

This file contains CAS Registry Numbers for easy and accurate

FILE EMBASE

FILE COVERS 1974 TO 9 Feb 2006 (20060209/ED)

EMBASE has been reloaded. Enter HELP RLOAD for details.

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FILE BIOSIS

FILE COVERS 1969 TO DATE.

CAS REGISTRY NUMBERS AND CHEMICAL NAMES (CNs) PRESENT FROM JANUARY 1969 TO DATE.

RECORDS LAST ADDED: 15 February 2006 (20060215/ED)

FILE USPATFULL

FILE COVERS 1971 TO PATENT PUBLICATION DATE: 16 Feb 2006 (20060216/PD)

FILE LAST UPDATED: 16 Feb 2006 (20060216/ED)

HIGHEST GRANTED PATENT NUMBER: US7000250

HIGHEST APPLICATION PUBLICATION NUMBER: US2006037120

CA INDEXING IS CURRENT THROUGH 14 Feb 2006 (20060214/UPCA)

ISSUE CLASS FIELDS (/INCL) CURRENT THROUGH: 16 Feb 2006 (20060216/PD)

REVISED CLASS FIELDS (/NCL) LAST RELOADED: Dec 2005

USPTO MANUAL OF CLASSIFICATIONS THESAURUS ISSUE DATE: Dec 2005

=>

. . . .

doses) in mice over the first 6 wk of life. The metabolic stability, enterohepatic recirculation, slow renal elimination, and intestinal accumulation of CFTRinh-172 account for its efficacy as an antidiarrheal.

CC 1-9 (Pharmacology)

IT 307510-92-5

RL: PAC (Pharmacological activity); PKT (Pharmacokinetics); THU

(Therapeutic use); BIOL (Biological study); USES (Uses)

(in vivo pharmacol. and antidiarrheal efficacy of a thiazolidinone CFTR inhibitor in rodents)

IT 307510-92-5

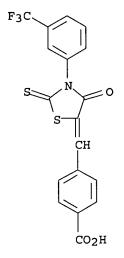
RL: PAC (Pharmacological activity); PKT (Pharmacokinetics); THU

(Therapeutic use); BIOL (Biological study); USES (Uses)

(in vivo pharmacol. and antidiarrheal efficacy of a thiazolidinone CFTR inhibitor in rodents)

RN 307510-92-5 CAPLUS

CN Benzoic acid, 4-[[4-oxo-2-thioxo-3-[3-(trifluoromethyl)phenyl]-5-thiazolidinylidene]methyl]- (9CI) (CA INDEX NAME)



REFERENCE COUNT: 29 THERE ARE 29 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L136 ANSWER 2 OF 23 CAPLUS COPYRIGHT 2006 ACS on STN DUPLICATE 2

ACCESSION NUMBER:

2004:269861 CAPLUS

DOCUMENT NUMBER:

140:247127

TITLE:

Thiazolidinone compound cystic

fibrosis transmembrane conductance regulator protein inhibitors, uses, and animal model of

CFTR-mediated disease

INVENTOR(S):

Verkman, Alan; Ma, Tonghui

PATENT ASSIGNEE(S):

USA

SOURCE:

U.S. Pat. Appl. Publ., 22 pp.

CODEN: USXXCO

DOCUMENT TYPE:

Patent

LANGUAGE:

English

FAMILY ACC. NUM. COUNT: 2

PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
		-		
US 2004063695	Δ1	20040401	US 2002-262573	20020930

FILE ENTERED AT 12:40:30 ON 16 FEB 2006

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PROCESSING COMPLETED FOR L131
PROCESSING COMPLETED FOR L132
PROCESSING COMPLETED FOR L133
PROCESSING COMPLETED FOR L134
PROCESSING COMPLETED FOR L135

L136 23 DUP REM L131 L132 L133 L134 L135 (23 DUPLICATES REMOVED)

ANSWERS '1-13' FROM FILE CAPLUS ANSWERS '14-18' FROM FILE MEDLINE ANSWERS '19-20' FROM FILE EMBASE ANSWERS '21-23' FROM FILE USPATFULL

=> d ibib abs hitind hitstr L136 1-13; d iall L136 14-20; d ibib abs hitstr L136 21-23

L136 ANSWER 1 OF 23 CAPLUS COPYRIGHT 2006 ACS on STN DUPLICATE 1

ACCESSION NUMBER: 2005:37884 CAPLUS

DOCUMENT NUMBER: 142:403893

TITLE: In vivo pharmacology and antidiarrheal efficacy of a

thiazolidinone CFTR inhibitor in rodents

AUTHOR(S): Sonawane, N. D.; Muanprasat, Chatchai; Nagatani, Ray,

Jr.; Song, Yuanlin; Verkman, A. S.

CORPORATE SOURCE: Departments of Medicine and Physiology, Cardiovascular

Research Institute, University of California, San

Francisco, CA, 94143-0521, USA

SOURCE: Journal of Pharmaceutical Sciences (2005), 94(1),

134-143

CODEN: JPMSAE; ISSN: 0022-3549

PUBLISHER: Wiley-Liss, Inc.

DOCUMENT TYPE: Journal LANGUAGE: English

A small-mol. inhibitor of the cystic fibrosis transmembrane conductance regulator (CFTR), 3-[(3-trifluoromethyl)phenyl]-5-[(4carboxyphenyl) methylene] -2-thioxo-4-thiazolidinone (CFTRinh-172), reduces enterotoxin-induced intestinal fluid secretion in rodents. Here, we study CFTRinh-172 pharmacol. and antidiarrheal efficacy in rodents using 14C-labeled CFTRinh-172, liquid chromatog./mass spectrometry, and a closed intestinal loop model of fluid secretion. CFTRinh-172 was cleared primarily by renal glomerular filtration without chemical modification. CFTRinh-172 accumulated in liver within 5 min after i.v. infusion in mice, and was concentrated fivefold in bile over blood. At 30-240 min, CFTRinh-172 was found mainly in liver, intestine, and kidney, with little detectable in the brain, heart, skeletal muscle, or lung. Pharmacokinetic anal. in rats following i.v. bolus infusion showed a distribution volume of 770 mL with redistribution and elimination half-times of 0.14 h and 10.3 h, resp. CFTRinh-172 was stable in hepatic microsomes. Closed-loop studies in mice indicated that a single i.p. injection of 20 µg CFTRinh-172 inhibited fluid accumulation at 6 h after cholera toxin by >90% in duodenum and jejunum, .apprx.60% in ileum and <10% in colon. No toxicity was seen after high-dose CFTRinh-172 administration (3 mg/kg/day in two daily

```
=> d que nos L128
```

L126	4 S	EΑ	FILE=USPATFULL	ABB=ON	PLU=ON	VERKMAN A?/AU
L127			FILE=USPATFULL			
L128	2 S	EA	EDGE USPANEUGG	A <u>BB</u> ≝ON →	PLUEON	1126 AND L127

=> d que nos L129

L116	11441	SEA	FILE=USPATFULL	ABB=ON	PLU=ON	CYSTIC FIBR?			
L117	1108	SEA	FILE=USPATFULL	ABB=ON	PLU=ON	FIBROCYSTIC? OR	(FI	BRO	
		CYS	ric?)						
L118	3284	SEA	FILE=USPATFULL	ABB=ON	PLU=ON	CFTR?			
L126	4	SEA	FILE=USPATFULL	ABB=ON	PLU=ON	VERKMAN A?/AU			
L127			FILE=USPATFULL		PLU=ON	MA T?/AU			
16178	0 - N	SEA	PERCEDUS PAVERDIE E	ABB≒ON∽	PEU≡ON	(L126 OR L127)	AND	(L116	OR
		LII	7 OR L118)	Jan Harrison					

=> d que nos L130

```
L7
L9
        101796 SEA FILE=REGISTRY SSS FUL L7
L35
               STR
             2 SEA FILE=REGISTRY SUB=L9 FAM FUL L35
L38
L56
L58
         7067 SEA FILE=REGISTRY SUB=L9 SSS FUL L56
L112
            2 SEA FILE=USPATFULL ABB=ON PLU=ON L38
            45 SEA FILE=REGISTRY ABB=ON PLU=ON L58 AND USPATFULL/LC
L114
            23 SEA FILE=USPATFULL ABB=ON PLU=ON L114
L115
         11441 SEA FILE=USPATFULL ABB=ON PLU=ON CYSTIC FIBR?
L116
         1108 SEA FILE=USPATFULL ABB=ON PLU=ON FIBROCYSTIC? OR (FIBRO
L117
               CYSTIC?)
          3284 SEA FILE=USPATFULL ABB=ON PLU=ON CFTR?
L118
             4 SEA FILE-USPATFULL ABB-ON PLU-ON L115 AND ((L116 OR L117 OR
L119
              L118))
               SEL PLU=ON L38 1- CHEM:
                                             4 TERMS
L120
L121
             3 SEA FILE=USPATFULL ABB=ON PLU=ON L120
            3 SEA FILE-USPATFULL ABB=ON PLU=ON (L112 OR L121) AND (L116 OR
L122
              L117 OR L118)
              SEL PLU=ON L114 1- CHEM :
                                             59 TERMS
L123
             4 SEA FILE-USPATFULL ABB-ON PLU-ON L123
L124
             4 SEA FILE=USPATFULL ABB=ON PLU=ON L124 AND (L116 OR L117 OR
L125
               L118)
             4 SEA FILE=USPATFULL ABB=ON PLU=ON VERKMAN A?/AU
L126
           100 SEA FILE=USPATFULL ABB=ON PLU=ON MA T?/AU
L127
D130 1 2 SEA FIGE USPATHULL, ABBEON PLUEON O GLIZE ORTHIZA I AND A GLIZEOR
              L125 OR L1226
```

=> s L128-L130

=> => dep gen L131 L132 L133 L134 L135 FILE (CAPLUS) ENTERED AT 12:40:30 ON 16 FEB 2006 USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT. PLEASE SEE "HELP USAGETERMS" FOR DETAILS. COPYRIGHT (C) 2006 AMERICAN CHEMICAL SOCIETY (ACS) CAS REGISTRY NUMBERS AND CHEMICAL NAMES (CNs) PRESENT FROM JANUARY 1969 TO DATE.

RECORDS LAST ADDED: 15 February 2006 (20060215/ED)

=> d que nos L101

L7		STR	
L9	101796	SEA	FILE=REGISTRY SSS FUL L7
L91	673	SEA	FILE=BIOSIS ABB=ON PLU=ON VERKMAN A?/AU
L92	726	SEA	FILE=BIOSIS ABB=ON PLU=ON MA T?/AU
L94	52	SEA	FILE=REGISTRY ABB=ON PLU=ON L9 AND BIOSIS/LC
L95	4798	SEA	FILE=BIOSIS ABB=ON PLU=ON L94
	Taga	SBA	FILE-BIOSIS ABB-ON PLU-ON (L91 OR L92) AND L95

=> d que nos L103

```
L91 673 SEA FILE=BIOSIS ABB=ON PLU=ON VERKMAN A?/AU
L92 726 SEA FILE=BIOSIS ABB=ON PLU=ON MA T?/AU
L96 47945 SEA FILE=BIOSIS ABB=ON PLU=ON CYSTIC?
L97 1202 SEA FILE=BIOSIS ABB=ON PLU=ON FIBROCYST? OR (FIBRO CYST?)
L98 4750 SEA FILE=BIOSIS ABB=ON PLU=ON CFTR
L99 4793 SEA FILE=BIOSIS ABB=ON PLU=ON CFTR?
L99 4793 SEA FILE=BIOSIS ABB=ON PLU=ON L91 AND L92 AND (L96 OR L97 OR
```

=> d que nos L107

```
L7
              STR
L9
      101796 SEA FILE=REGISTRY SSS FUL L7
L91
        673 SEA FILE=BIOSIS ABB=ON PLU=ON VERKMAN A?/AU
          726 SEA FILE=BIOSIS ABB=ON PLU=ON MA T?/AU
L92
          113 SEA FILE=BIOSIS ABB=ON PLU=ON L91 AND L92
L93
          52 SEA FILE=REGISTRY ABB=ON PLU=ON L9 AND BIOSIS/LC
L94
L104
              SEL PLU=ON L94 1- CHEM: 237 TERMS
         6185 SEA FILE=BIOSIS ABB=ON PLU=ON L104
L105
L107 1 SPA PILE-DIOSIS ABB-ON PLU-ON L105 AND L93
```

=> s L101 or L103 or L107

L134 6 L101 OR L103 OR L107/

=> file uspatfull

FILE COVERS 1971 TO PATENT PUBLICATION DATE: 16 Feb 2006 (20060216/PD)
FILE LAST UPDATED: 16 Feb 2006 (20060216/ED)
HIGHEST GRANTED PATENT NUMBER: US7000250
HIGHEST APPLICATION PUBLICATION NUMBER: US2006037120
CA INDEXING IS CURRENT THROUGH 14 Feb 2006 (20060214/UPCA)
ISSUE CLASS FIELDS (/INCL) CURRENT THROUGH: 16 Feb 2006 (20060216/PD)
REVISED CLASS FIELDS (/NCL) LAST RELOADED: Dec 2005
USPTO MANUAL OF CLASSIFICATIONS THESAURUS ISSUE DATE: Dec 2005

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This file contains CAS Registry Numbers for easy and accurate substance identification.

=> d que nos L77

```
L70
            360 SEA FILE=EMBASE ABB=ON PLU=ON VERKMAN A?/AU
            405 SEA FILE=EMBASE ABB=ON PLU=ON MA T?/AU
L71
L73
          53696 SEA FILE=EMBASE ABB=ON
                                        PLU=ON
                                                CYSTIC?
L74
           1353 SEA FILE=EMBASE ABB=ON
                                        PLU=ON
                                                (FIBROCYSTIC? OR (FIBRO
                CYST?))
L75
              6 SEA FILE=EMBASE ABB=ON
                                        PLU=ON
                                                MUCOVISCOID?
L76
           3377 SEA FILE=EMBASE ABB=ON
                                        PLU=ON
                                                CFTR?
L77
              6 SEA FIGUE DEMBASE ABBON
                                        PLU=ON
                                               L70 AND L71 ZIND (L73 OR L74
                L75 OR L76)
```

=> d que nos L87

```
L7
                STR
T. 9
         101796 SEA FILE=REGISTRY SSS FUL L7
L70
            360 SEA FILE=EMBASE ABB=ON PLU=ON VERKMAN A?/AU
L71
            405 SEA FILE=EMBASE ABB=ON PLU=ON MA T?/AU
L73
          53696 SEA FILE=EMBASE ABB=ON PLU=ON
                                               CYSTIC?
L74
           1353 SEA FILE=EMBASE ABB=ON PLU=ON
                                                (FIBROCYSTIC? OR (FIBRO
                CYST?))
              6 SEA FILE=EMBASE ABB=ON
L75
                                       PLU=ON MUCOVISCOID?
L76
           3377 SEA FILE=EMBASE ABB=ON PLU=ON CFTR?
L77
              6 SEA FILE=EMBASE ABB=ON PLU=ON L70 AND L71 AND (L73 OR L74 OR
                L75 OR L76)
L78
             22 SEA FILE=REGISTRY ABB=ON PLU=ON L9 AND EMBASE/LC
L79
                SEL PLU=ON L78 1- CHEM:
                                               110 TERMS
L80
           8516 SEA FILE=EMBASE ABB=ON
                                       PLU=ON
                                              1,79
L81
           8516 SEA FILE=EMBASE ABB=ON
                                       PLU=ON
                                                (L78 OR L80 )
L37
             1 SEA FILE-EMBASE ABB-ON PLU-ON L77 AND L31
```

=> d que nos L89

```
L7
                STR
L9
         101796 SEA FILE=REGISTRY SSS FUL L7
L70
            360 SEA FILE=EMBASE ABB=ON PLU=ON VERKMAN A?/AU
L71
            405 SEA FILE=EMBASE ABB=ON PLU=ON MA T?/AU
L78
             22 SEA FILE=REGISTRY ABB=ON PLU=ON L9 AND EMBASE/LC
L79
                SEL PLU=ON L78 1- CHEM:
                                              110 TERMS
L80
           8516 SEA FILE=EMBASE ABB=ON PLU=ON L79
L39
             5 SEA FILE-EMBASE ABBON PLU-ON (L70 OR L71) AND L30
```

=> s L77 or L87 or L89

L133 10 L77 OR L87 OR L89

=> file biosis

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FILE COVERS 1969 TO DATE.

=> file medline

```
ENTERED AT 12:38:59 ON 16 FEB 2006
```

FILE LAST UPDATED: 15 FEB 2006 (20060215/UP). FILE COVERS 1950 TO DATE.

On December 11, 2005, the 2006 MeSH terms were loaded.

The MEDLINE reload for 2006 will soon be available. For details on the 2005 reload, enter HELP RLOAD at an arrow promt (=>). See also:

http://www.nlm.nih.gov/mesh/

http://www.nlm.nih.gov/pubs/techbull/nd04/nd04_mesh.html

http://www.nlm.nih.gov/pubs/techbull/nd05/nd05_med_data_changes.html

http://www.nlm.nih.gov/pubs/techbull/nd05/nd05 2006 MeSH.html

OLDMEDLINE is covered back to 1950.

MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the MeSH 2006 vocabulary.

This file contains CAS Registry Numbers for easy and accurate

=> d que nos L51

```
L44 25743 SEA FILE=MEDLINE ABB=ON PLU=ON CYSTIC FIBR?
L45 3738 SEA FILE=MEDLINE ABB=ON PLU=ON CFTR
L46 3396 SEA FILE=MEDLINE ABB=ON PLU=ON FIBROCYST? OR (FIBRO CYST?)
L47 3752 SEA FILE=MEDLINE ABB=ON PLU=ON CFTR?
L48 383 SEA FILE=MEDLINE ABB=ON PLU=ON VERKMAN A?/AU
L49 489 SEA FILE=MEDLINE ABB=ON PLU=ON MA T?/AU
L50 56 SEA FILE=MEDLINE ABB=ON PLU=ON L48 AND L49
L50 56 SEA FILE=MEDLINE ABB=ON PLU=ON L48 AND L49
L50 L44 OR L45 OR L46 OR
```

=> d que nos L88

```
L7
L9
101796 SEA FILE=REGISTRY SSS FUL L7
L48
383 SEA FILE=MEDLINE ABB=ON PLU=ON VERKMAN A?/AU
L49
489 SEA FILE=MEDLINE ABB=ON PLU=ON MA T?/AU
L61
29 SEA FILE=REGISTRY ABB=ON PLU=ON L9 AND MEDLINE/LC
L67
SEL PLU=ON L61 1- CHEM: 132 TERMS
L68
6472 SEA FILE=MEDLINE ABB=ON PLU=ON L67
L69
L69
AND L69
```

=> s L51 or L88

13 LS1 OR L88/

=> file embase

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FILE COVERS 1974 TO 9 Feb 2006 (20060209/ED)

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http://www.cas.org/infopolicy.html
'OBI' IS DEFAULT SEARCH FIELD FOR 'CAPLUS' FILE

=> d que nos L31

```
L7
                STR
1.9
         101796 SEA FILE=REGISTRY SSS FUL L7
L10
          11681 SEA FILE=CAPLUS ABB=ON PLU=ON L9
            379 SEA FILE=CAPLUS ABB=ON
                                         PLU=ON VERKMAN A?/AU
T<sub>28</sub>
           1877 SEA FILE=CAPLUS ABB=ON
                                         PLU=ON MA T?/AU
L29
             60 SEA FILE=CAPLUS ABB=ON
                                         PLU=ON
                                                 L28 AND L29
L30
          3 SEA FILES=CAPIOS ARB=ON PLUEONS AND 1410A
L31 :
```

```
=> d que nos L32
```

```
10928 SEA FILE=CAPLUS ABB=ON PLU=ON CYSTIC?/OBI
L11
          20440 SEA FILE=CAPLUS ABB=ON
                                        PLU=ON ?CYSTIC?/BI
L12
L14
           4392 SEA FILE=CAPLUS ABB=ON
                                        PLU=ON CFTR?/BI
            504 SEA FILE=CAPLUS ABB=ON
                                        PLU=ON ?FIBROCYSTIC?/BI
L18
L19
              1 SEA FILE=CAPLUS ABB=ON
                                        PLU=ON
                                                (?FIBRO CYSTIC?)/BI
L20
          11128 SEA FILE=CAPLUS ABB=ON
                                        PLU=ON
                                                (?CYSTIC FIBRO?)/BI
L23
          10507 SEA FILE=CAPLUS ABB=ON
                                        PLU=ON
                                                ION TRANSPORT/OBI
L25
          62389 SEA FILE=CAPLUS ABB=ON
                                        PLU=ON
                                                ((ION? OR CHLOR?) (3A)
                ?TRANSP?)/BI
L28
            379 SEA FILE=CAPLUS ABB=ON
                                        PLU=ON
                                                VERKMAN A?/AU
           1877 SEA FILE=CAPLUS ABB=ON
                                        PLU=ON
L29
                                                MA T?/AU
             60 SEA FILE=CAPLUS ABB=ON
                                        PLU=ON
L30
                                                L28 AND L29
             8 SEA FILE=CAPLUS ABB=ON PLU=ON L30;AND;(L111:40R;AL12:40R2E)4 OR
```

=> d que nos L90

```
L7
                STR
L9
         101796 SEA FILE=REGISTRY SSS FUL L7
L10
          11681 SEA FILE=CAPLUS ABB=ON PLU=ON
                                                L9
L28
            379 SEA FILE=CAPLUS ABB=ON
                                        PLU=ON
                                                VERKMAN A?/AU
L29
           1877 SEA FILE=CAPLUS ABB=ON
                                        PLU=ON
                                                MA T?/AU
L90
             8 Sea File-Caplus Aeb-on Plu-on L10.and (L28 or L29)
```

L18 OR L19 OR L20 OR L23 OR L2

=> s L31 or L32 or L90

L131 13 L31 OR L32 OR L90

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Page 2-A
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VAR G2=8-2 8-26/9-2 9-26
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                 AΤ
NSPEC
       IS R
                 AT
                      2
NSPEC
       IS R
                 AT
                      3
NSPEC
       IS C
                 AT
                      4
NSPEC
       IS C
                 AΤ
                      5
NSPEC
       IS C
                 AT
                      6
NSPEC
       IS C
                 ΑT
                      7
NSPEC
       IS R
                 AΤ
                      8
NSPEC
       IS R
                 AΤ
                      9
NSPEC
       IS R
                 ΑT
                     10
NSPEC
       IS R
                 AΤ
                    11
NSPEC
       IS R
                 AT
                    12
NSPEC
       IS C
                 ΑT
                    13
NSPEC
       IS R
                    14
                AT
                    15
NSPEC
       IS R
                AT
NSPEC
       IS R
                AT 16
                AT 17
NSPEC
       IS R
NSPEC
       IS R
                AT 18
NSPEC
       IS R
                AT 19
NSPEC
       IS R
                AT 20
NSPEC
       IS R
                AT 21
NSPEC
       IS R
                 AT 22
NSPEC
       IS R
                    23
                 AT
       IS R
NSPEC
                 AΤ
                    24
       IS R
NSPEC
                 AT
                     25
NSPEC
       IS R
                 AT
                     26
CONNECT IS E3 RC AT
                      2
CONNECT IS E3 RC AT
                      3
CONNECT IS E1 RC AT
CONNECT IS E1 RC AT
DEFAULT MLEVEL IS ATOM
MLEVEL IS CLASS AT
                       4 5 13
DEFAULT ECLEVEL IS LIMITED
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GRAPH ATTRIBUTES:

RING(S) ARE ISOLATED OR EMBEDDED NUMBER OF NODES IS 26

STEREO ATTRIBUTES: NONE

1067 SEA FILE-REGISTRY SUB-L9 SSS FUL L56 /

7067 ANSWERS 10937 ITERATIONS 100.0% PROCESSED

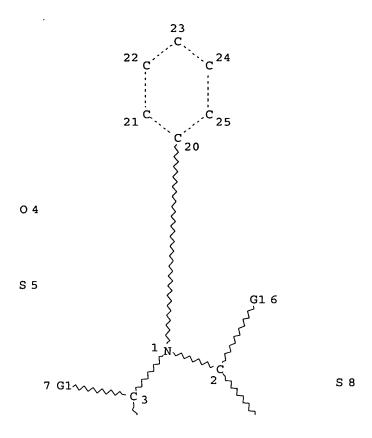
SEARCH TIME: 00.00.01

=> => file caplus

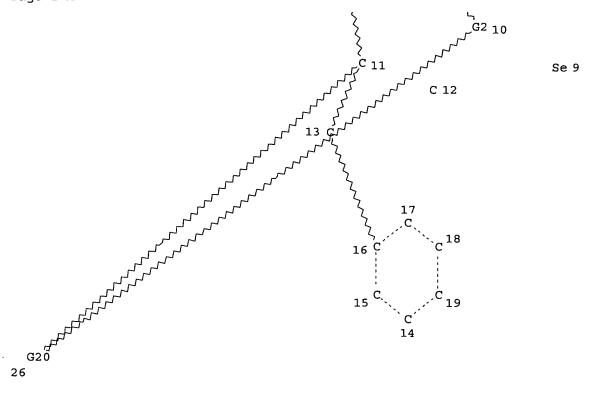
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Page 1-A



0 4

```
S 5

7 G1

7 G1

8 8

C 1

C 1

Se 9
```

```
VAR G1=4/5
VAR G2=8/9
NODE ATTRIBUTES:
NSPEC
        IS R
                  AT
                       1
                  ΑT
NSPEC
        IS R
                       2
NSPEC
        IS R
                  ΑT
                        3
NSPEC
        IS C
                  ΑT
                        4
                        5
NSPEC
        IS C
                  ΑT
NSPEC
        IS C
                  ΑT
                        6
NSPEC
        IS C
                  ΑT
                        7
NSPEC
        IS R
                  AT
                        8
NSPEC
        IS R
                  ΑT
                        9
NSPEC
        IS R
                  ΑT
                       10
        IS R
NSPEC
                  ΑT
                       11
CONNECT IS E3
               RC AT
                        2
CONNECT IS E3
               RC AT
                        3
CONNECT IS E1 RC AT
                        4
CONNECT IS E1 RC AT
DEFAULT MLEVEL IS ATOM
MLEVEL IS CLASS AT
DEFAULT ECLEVEL IS LIMITED
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GRAPH ATTRIBUTES:

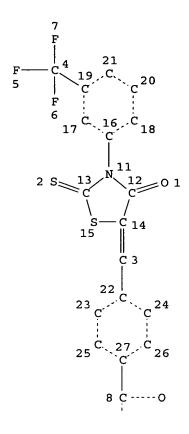
RING(S) ARE ISOLATED OR EMBEDDED

NUMBER OF NODES IS 11

STEREO ATTRIBUTES: NONE

L9 101796 SEA FILE=REGISTRY SSS FUL L7

L56 STR



Page 1-A

; 9 O 10

Page 2-A NODE ATTRIBUTES: DEFAULT MLEVEL IS ATOM DEFAULT ECLEVEL IS LIMITED

GRAPH ATTRIBUTES: RING(S) ARE ISOLATED OR EMBEDDED NUMBER OF NODES IS 27

STEREO ATTRIBUTES: NONE

L38 2 SEA FIGHEREGISHRY SUBELP TRANSFULL E35

100.0% PROCESSED 99 ITERATIONS

2 ANSWERS

SEARCH TIME: 00.00.01

=> d stat que L58 L7 STR 04

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5 5 6 G1 SE 9
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VAR G2=8/9
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        IS C
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                        7
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                  AT
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MLEVEL IS CLASS AT
DEFAULT ECLEVEL IS LIMITED
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GRAPH ATTRIBUTES:

RING(S) ARE ISOLATED OR EMBEDDED

NUMBER OF NODES IS 11

STEREO ATTRIBUTES: NONE

L9 101796 SEA FILE=REGISTRY SSS FUL L7

L35 STR

04

VAR G1=4/5VAR G2=8/9 NODE ATTRIBUTES: NSPEC AΤ IS R NSPEC IS R AT2 NSPEC IS R AT3 NSPEC IS C AΤ IS C NSPEC AΤ IS C NSPEC AT6 IS C NSPEC AT7 NSPEC IS R AΤ 8 NSPEC IS R AT9 IS R NSPEC AΤ 10 IS R ΑT NSPEC 11 CONNECT IS E3 RC AT CONNECT IS E3 RC AT CONNECT IS E1 RC AT CONNECT IS E1 RC AT DEFAULT MLEVEL IS ATOM MLEVEL IS CLASS AT DEFAULT ECLEVEL IS LIMITED

GRAPH ATTRIBUTES:

RING(S) ARE ISOLATED OR EMBEDDED NUMBER OF NODES IS 11

STEREO ATTRIBUTES: NONE

101796 SEA FILEEREGISTRY SSS FROM L7

100.0% PROCESSED 531758 ITERATIONS

SEARCH TIME: 00.00.06

101796 ANSWERS

=> d stat que L38 L7 STR => file registry

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Property values tagged with IC are from the ZIC/VINITI data file provided by InfoChem.

STRUCTURE FILE UPDATES: 14 FEB 2006 HIGHEST RN 874270-88-9 DICTIONARY FILE UPDATES: 14 FEB 2006 HIGHEST RN 874270-88-9

New CAS Information Use Policies, enter HELP USAGETERMS for details.

TSCA INFORMATION NOW CURRENT THROUGH JULY 14, 2005

Please note that search-term pricing does apply when conducting SmartSELECT searches.

Structure search iteration limits have been increased. See HELP SLIMITS for details.

REGISTRY includes numerically searchable data for experimental and predicted properties as well as tags indicating availability of experimental property data in the original document. For information on property searching in REGISTRY, refer to:

http://www.cas.org/ONLINE/UG/regprops.html

=> d stat que L9 L7 STR

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CA 2500498
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             GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK,
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                                            US 2002-262573
PRIORITY APPLN. INFO.:
                                                                   20020930
                                            US 2002-509049P
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                                            US 2003-480253P
                                                                    20030620
                                            WO 2003-US31005
                                                                 W
                                                                    20030930
OTHER SOURCE(S):
                         MARPAT 140:247127
     The invention provides compns., pharmaceutical prepns., and methods for
     inhibition of cystic fibrosis transmembrane
     conductance regulator protein (CFTR) that are useful for the
     study and treatment of CFTR-mediated diseases and conditions.
     The compns. and pharmaceutical prepns. of the invention may comprise one
     or more thiazolidinone compds., and may addnl. comprise one or more
     pharmaceutically acceptable carriers, excipients and/or adjuvants. The
     methods of the invention comprise, in certain embodiments, administering
     to a patient suffering from a CFTR-mediated disease or
     condition, an efficacious amount of a thiazolidinone compound In other
     embodiments the invention provides methods of inhibiting CFTR
     that comprise contacting cells in a subject with an effective amount of a
     thiazolidinone compound In addition, the invention features a non-human animal
     model of CFTR-mediated disease which model is produced by
     administration of a thiazolidinone compound to a non-human animal in an amount
     sufficient to inhibit CFTR.
IC
     ICM A61K031-549
INCL 514222500
     1-12 (Pharmacology)
     Section cross-reference(s): 14, 63
ST
     thiazolidinone compd cystic fibrosis transmembrane
     conductance regulator protein inhibitor; CFTR inhibitor
     thiazolidinone compd therapeutic; cystic fibrosis
     disease animal model thiazolidinone compd
IT
     Biological transport
        (ion; thiazolidinone compound CFTR inhibitors, uses,
        and animal model of CFTR-mediated disease)
IT
     Antidiarrheals
     Aves
       Cystic fibrosis
     Diarrhea
     Disease models
     Drug delivery systems
    Drug screening
    Human
    Mammalia
     Primates
```

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Rodentia
     Structure-activity relationship
     Unqulate
        (thiazolidinone compound CFTR inhibitors, uses, and animal
        model of CFTR-mediated disease)
     CFTR (cystic fibrosis transmembrane
IT
        conductance regulator)
     RL: BSU (Biological study, unclassified); BIOL (Biological study)
        (thiazolidinone compound CFTR inhibitors, uses, and animal
        model of CFTR-mediated disease)
     141-84-4D, 2-Thioxo-4-thiazolidinone, derivs.
                                                     28600-65-9D,
ΤТ
     Thiazolidinone, derivs. 292174-08-4, 3-[(3-
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     thiazolidinone 303056-54-4 307510-92-5,
     3-[(3-Trifluoromethyl)phenyl]-5-[(4-carboxyphenyl)methylene]-2-thioxo-4-
     thiazolidinone 328250-71-1, 3-[(3-Trifluoromethyl)phenyl]-5-
     [(3,5-dibromo-4-hydroxyphenyl)methylene]-2-thioxo-4-thiazolidinone
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     RL: BUU (Biological use, unclassified); PAC (Pharmacological activity);
     THU (Therapeutic use); BIOL (Biological study); USES (Uses)
        (thiazolidinone compound CFTR inhibitors, uses, and animal
        model of CFTR-mediated disease)
IT
     119-67-5, 2-Carboxybenzaldehyde
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     619-66-9, 4-Carboxybenzaldehyde 292174-03-9 671247-72-6
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        (thiazolidinone compound CFTR inhibitors, uses, and animal
        model of CFTR-mediated disease)
     141-84-4D, 2-Thioxo-4-thiazolidinone, derivs. 292174-08-4
IT
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     3-[(3-Trifluoromethyl)phenyl]-5-[(4-nitrophenyl)methylene]-2-thioxo-4-
     thiazolidinone 303056-54-4 307510-92-5,
     3-[(3-Trifluoromethyl)phenyl]-5-[(4-carboxyphenyl)methylene]-2-thioxo-4-
     thiazolidinone 328250-71-1, 3-[(3-Trifluoromethyl)phenyl]-5-
     [(3,5-dibromo-4-hydroxyphenyl)methylene]-2-thioxo-4-thiazolidinone
     535962-72-2, 3-[(3-Trifluoromethyl)phenyl]-5-[(4-
     carboxyoxyphenyl) methylenel -2-thioxo-4-thiazolidinone
     RL: BUU (Biological use, unclassified); PAC (Pharmacological activity);
     THU (Therapeutic use); BIOL (Biological study); USES (Uses)
        (thiazolidinone compound CFTR inhibitors, uses, and animal
        model of CFTR-mediated disease)
     141-84-4 CAPLUS
RN
     4-Thiazolidinone, 2-thioxo- (9CI) (CA INDEX NAME)
CN
```

RN 292174-08-4 CAPLUS
CN 4-Thiazolidinone, 5-[(3-bromo-4-hydroxy-5-nitrophenyl)methylene]-2-thioxo3-[3-(trifluoromethyl)phenyl]- (9CI) (CA INDEX NAME)

RN 301308-44-1 CAPLUS
CN 4-Thiazolidinone, 5-[(4-nitrophenyl)methylene]-2-thioxo-3-[3-(trifluoromethyl)phenyl]- (9CI) (CA INDEX NAME)

RN 307510-92-5 CAPLUS

CN Benzoic acid, 4-[[4-oxo-2-thioxo-3-[3-(trifluoromethyl)phenyl]-5-thiazolidinylidene]methyl]- (9CI) (CA INDEX NAME)

RN 328250-71-1 CAPLUS

CN 4-Thiazolidinone, 5-[(3,5-dibromo-4-hydroxyphenyl)methylene]-2-thioxo-3-[3-(trifluoromethyl)phenyl]- (9CI) (CA INDEX NAME)

RN 535962-72-2 CAPLUS
CN 4-Thiazolidinone, 5-[[4-(carboxyoxy)phenyl]methylene]-2-thioxo-3-[3-(trifluoromethyl)phenyl]- (9CI) (CA INDEX NAME)

RN 671247-72-6 CAPLUS

CN 4-Thiazolidinone, 5-(phenylmethylene)-2-thioxo-3-[2-(trifluoromethyl)phenyl]- (9CI) (CA INDEX NAME)

CN

RN 671247-73-7 CAPLUS

4-Thiazolidinone, 5-(phenylmethylene)-2-thioxo-3-[4-(trifluoromethyl)phenyl]- (9CI) (CA INDEX NAME)

L136 ANSWER 3 OF 23 CAPLUS COPYRIGHT 2006 ACS on STN DUPLICATE 3

ACCESSION NUMBER:

2004:189841 CAPLUS

DOCUMENT NUMBER:

141:254187

TITLE:

Prevention of toxin-induced intestinal ion and fluid

secretion by a small-molecule CFTR inhibitor

AUTHOR (S):

Thiagarajah, Jay R.; Broadbent, Talmage; Hsieh, Emily;

Verkman, Alan S.

CORPORATE SOURCE:

Departments of Medicine and Physiology, Cardiovascular

Research Institute, University of California, San

Francisco, CA, USA

SOURCE: Gastroenterology (2004), 126(2), 511-519

CODEN: GASTAB; ISSN: 0016-5085

PUBLISHER: W. B. Saunders Co.

DOCUMENT TYPE: Journal LANGUAGE: English

Background & Aims: The cystic fibrosis transmembrane conductance regulator (CFTR) provides an important apical route for Cl- secretion across intestinal epithelia. A thiazolidinone-type CFTR blocker (CFTRinh-172) reduced cholera toxin-induced fluid accumulation in mouse intestinal loops. Here, we characterize the efficacy and pharmacodynamics of CFTRinh-172 in blocking cAMP and cGMP induced Cl-/fluid secretion in rodent and human intestine. Methods & Results: CFTRinh-172 inhibited cAMP and cGMP agonist induced short-circuit current by >95% in T84 colonic epithelial cells (KI .apprx. 3 μ mol/L) and in mouse and human intestinal sheets (KI .apprx. 9 μ mol/L). A single i.p. injection of CFTRinh-172 (200 µg) blocked intestinal fluid secretion in a rat closed-loop model by >90% for cholera toxin and >70% for STa Escherichia coli toxin. In mice, CFTRinh-172 (20 μg) inhibited cholera toxin-induced intestinal fluid secretion by 90% (persistence t1/2 .apprx.10 h, KI .apprx. 5 $\mu g)$ and STa toxin by 75% (KI .apprx. 10 μg). Tissue distribution and pharmacokinetic studies indicated intestinal CFTRinh-172 accumulation facilitated by enterohepatic circulation. An oral CFTRinh-172 preparation reduced fluid secretion by >90% in a mouse open-loop cholera model. Conclusions: A small mol. CFTR blocker markedly reduced intestinal ion and fluid secretion caused by cAMP/cGMP-dependent bacterial enterotoxins. CFTR inhibition may thus reduce fluid secretion in infectious secretory diarrheas.

CC 1-9 (Pharmacology)

IT 307510-92-5

RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)

(thiazolidinone-type CFTR blocker CFTRinh-172 reduced intestinal ion and fluid secretion caused by cAMP/cGMP-dependent bacterial enterotoxin in rodent and human intestine without affecting intestinal fluid absorption)

IT 307510-92-5

RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)

(thiazolidinone-type CFTR blocker CFTRinh-172 reduced intestinal ion and fluid secretion caused by cAMP/cGMP-dependent bacterial enterotoxin in rodent and human intestine without affecting intestinal fluid absorption)

RN 307510-92-5 CAPLUS

CN Benzoic acid, 4-[[4-oxo-2-thioxo-3-[3-(trifluoromethyl)phenyl]-5thiazolidinylidene]methyl]- (9CI) (CA INDEX NAME)

REFERENCE COUNT: 34 THERE ARE 34 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L136 ANSWER 4 OF 23 CAPLUS COPYRIGHT 2006 ACS on STN DUPLICATE 4

ACCESSION NUMBER: 2004:94932 CAPLUS

DOCUMENT NUMBER: 140:281314

TITLE: Altered channel gating mechanism for CFTR inhibition

by a high-affinity thiazolidinone blocker

AUTHOR(S): Taddei, Alessandro; Folli, Chiara; Zegarra-Moran,

Olga; Fanen, Pascale; Verkman, A. S.;

Galietta, Luis J. V.

CORPORATE SOURCE: Laboratorio di Genetica Molecolare, Istituto Giannina

Gaslini, Genoa, 16148, Italy

SOURCE: FEBS Letters (2004), 558(1-3), 52-56

CODEN: FEBLAL; ISSN: 0014-5793

PUBLISHER: Elsevier Science B.V.

DOCUMENT TYPE: Journal LANGUAGE: English

AB The thiazolidinone CFTRinh-172 was identified recently as a potent and selective blocker of the cystic fibrosis transmembrane conductance regulator (CFTR) Cl- channel. Here, we characterized the CFTRinh-172 inhibition mechanism by patch-clamp and short-circuit anal. using cells stably expressing wild-type and mutant CFTRs. CFTRinh-172 did not alter CFTR unitary conductance (8 pS), but reduced open probability by >90% with Ki≈0.6 μM. This effect was due to increased mean channel closed time without changing mean channel open time. Short-circuit current expts. indicated similar CFTRinh-172 inhibitory potency (Ki≈0.5 μM) for inhibition of Cl- current in wild-type, G551D, and G1349D CFTR; however, Ki was significantly reduced to 0.2 μM for ΔF508 CFTR. Our studies provide evidence for CFTR inhibition by CFTRinh-172 by a mechanism involving altered CFTR gating.

CC 1-12 (Pharmacology)

Section cross-reference(s): 14

IT 28600-65-9D, Thiazolidinone, derivative 432526-28-8

RL: DMA (Drug mechanism of action); PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)

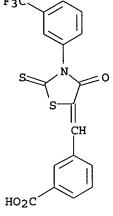
(altered channel gating mechanism for CFTR inhibition by high-affinity thiazolidinone blocker)

IT 432526-28-8

RL: DMA (Drug mechanism of action); PAC (Pharmacological activity); THU

(Therapeutic use); BIOL (Biological study); USES (Uses) (altered channel gating mechanism for CFTR inhibition by high-affinity thiazolidinone blocker) 432526-28-8 CAPLUS Benzoic acid, 3-[[4-oxo-2-thioxo-3-[3-(trifluoromethyl)phenyl]-5-

thiazolidinylidene]methyl] - (9CI) (CA INDEX NAME)



RN

CN

THERE ARE 24 CITED REFERENCES AVAILABLE FOR THIS REFERENCE COUNT: 24 RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L136 ANSWER 5 OF 23 CAPLUS COPYRIGHT 2006 ACS on STN DUPLICATE 5

ACCESSION NUMBER: 2003:701956 CAPLUS

DOCUMENT NUMBER: 139:301298

TITLE: Nanomolar Affinity Small Molecule Correctors of

Defective AF508- CFTR Chloride Channel

Gating

AUTHOR (S): Yang, Hong; Shelat, Anang A.; Guy, R. Kiplin;

Gopinath, Vadiraj S.; Ma, Tonghui; Du, Kai;

Lukacs, Gergely L.; Taddei, Alessandro; Folli, Chiara;

Pedemonte, Nicoletta; Galietta, Luis J. V.;

Verkman, A. S.

Departments of Medicine and Physiology, University of CORPORATE SOURCE:

California, San Francisco, CA, 94143, USA

Journal of Biological Chemistry (2003), 278(37), SOURCE:

35079-35085

CODEN: JBCHA3; ISSN: 0021-9258

American Society for Biochemistry and Molecular PUBLISHER:

Biology

DOCUMENT TYPE: Journal LANGUAGE: English

CASREACT 139:301298 OTHER SOURCE(S):

Deletion of Phe-508 (Δ F508) is the most common mutation in the

cystic fibrosis transmembrane conductance regulator (

CFTR) causing cystic fibrosis. AF508-

CFTR has defects in both channel gating and endoplasmic

reticulum-to-plasma membrane processing. We identified six novel classes of high affinity potentiators of defective AF508- CFTR Cl-

channel gating by screening 100,000 diverse small mols. Compds. were added 15 min prior to assay of iodide uptake in epithelial cells

co-expressing $\Delta F508$ - CFTR and a high sensitivity halide

indicator (YFP-H148Q/I152L) in which Δ F508- CFTR was

targeted to the plasma membrane by culture at 27° for 24 h.

```
Thirty-two compds. with submicromolar activating potency were identified;
most had tetrahydrobenzothiophene, benzofuran, pyramidinetrione,
dihydropyridine, and anthraquinone core structures (360-480 Da).
screening of >1000 structural analogs revealed tetrahydrobenzothiophenes
that activated AF508- CFTR Cl- conductance reversibly with
Kd < 100 nM. Single-cell voltage clamp anal. showed characteristic
CFTR currents after \DeltaF508- CFTR activation.
Activation required low concns. of a cAMP agonist, thus mimicking the
normal physiol. response. A Bayesian computational model was developed
using tetrahydrobenzothiophene structure-activity data, yielding insight
into the phys. character and structural features of active and inactive
potentiators and successfully predicting the activity of structural
analogs. Efficient potentiation of defective AF508- CFTR
gating was also demonstrated in human bronchial epithelial cells from a
ΔF508 cystic fibrosis subject after 27°
temperature rescue. In conjunction with correctors of defective ΔF508-
CFTR processing, small mol. potentiators of defective ΔF508-
CFTR gating may be useful for therapy of cystic
fibrosis caused by the \Delta F508 mutation.
1-3 (Pharmacology)
small mol corrector deltaF50CFTR chloride channel gating; CFTR
mutant chloride channel gating small mol corrector
CFTR (cystic fibrosis transmembrane
   conductance regulator)
RL: BSU (Biological study, unclassified); BIOL (Biological study)
   (508-dephenylalanine-; nanomolar affinity small mol. correctors of
   defective \DeltaF508- CFTR chloride channel gating in
   epithelial cells)
Electric current
   (biol.; nanomolar affinity small mol. correctors of defective
   ΔF508- CFTR chloride channel gating in epithelial cells)
Epithelium
   (bronchial; nanomolar affinity small mol. correctors of defective
   ΔF508- CFTR chloride channel gating in epithelial cells)
Biological transport
   (channel-mediated; nanomolar affinity small mol. correctors of
   defective \DeltaF508- CFTR chloride channel gating in
   epithelial cells)
Biological transport
   (chloride; preparation of tetrahydrobenzothiophene ΔF508-
   CFTR potentiators)
Bronchi
Thyroid gland
   (epithelium; nanomolar affinity small mol. correctors of defective
   ΔF508- CFTR chloride channel gating in epithelial cells)
High throughput screening
Human
Structure-activity relationship
   (nanomolar affinity small mol. correctors of defective AF508-
   CFTR chloride channel gating in epithelial cells)
Drug targets
   (preparation of tetrahydrobenzothiophene AF508- CFTR
   potentiators)
Epithelium
   (thyroid gland; nanomolar affinity small mol. correctors of defective
   ΔF508- CFTR chloride channel gating in epithelial cells)
Biological transport
   (uptake, channel-mediated; nanomolar affinity small mol. correctors of
   defective \DeltaF508- CFTR chloride channel gating in
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CC

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epithelial cells)

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304685-77-6
ΙT
     68217-75-4
                  68256-56-4
                               298193-32-5
                                             303137-49-7
                                 313703-08-1
     312917-70-7
                  313262-43-0
                                             324577-00-6
                                                              345337-69-1
                   420815-86-7
                                               611183-38-1
     354547-94-7
                                 611183-37-0
     RL: BSU (Biological study, unclassified); PAC (Pharmacological activity);
     PRP (Properties); BIOL (Biological study)
        (nanomolar affinity small mol. correctors of defective AF508-
        CFTR chloride channel gating in epithelial cells)
                   142995-02-6P
                                  300712-63-4P
IT
     27285-13-8P
                                                312925-57-8P
                                                                383379-36-0P
     RL: BSU (Biological study, unclassified); PAC (Pharmacological activity);
     PRP (Properties); SPN (Synthetic preparation); BIOL (Biological study);
     PREP (Preparation)
        (nanomolar affinity small mol. correctors of defective AF508-
        CFTR chloride channel gating in epithelial cells)
     609-65-4, Benzoyl chloride, 2-chloro-
IT
                                             638-29-9, Pentanoyl chloride
     933-88-0, Benzoyl chloride, 2-methyl-
                                             2040-76-8, Carbamic chloride,
               2719-27-9, Cyclohexanecarbonyl chloride
                                                         4524-93-0,
     Cyclopentanoyl chloride
     RL: RCT (Reactant); RACT (Reactant or reagent)
        (nanomolar affinity small mol. correctors of defective AF508-
        CFTR chloride channel gating in epithelial cells)
IT
     4815-28-5
     RL: RCT (Reactant); RACT (Reactant or reagent)
        (preparation of tetrahydrobenzothiophene ΔF508- CFTR
        potentiators)
IT
     16887-00-6, Chloride, biological studies
     RL: BSU (Biological study, unclassified); BIOL (Biological study)
        (transport; preparation of tetrahydrobenzothiophene ΔF508-
        CFTR potentiators)
IT
     20461-54-5, Iodide, biological studies
     RL: BSU (Biological study, unclassified); BIOL (Biological study)
        (uptake; nanomolar affinity small mol. correctors of defective
        ΔF508- CFTR chloride channel gating in epithelial cells)
REFERENCE COUNT:
                               THERE ARE 21 CITED REFERENCES AVAILABLE FOR THIS
                               RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT
L136 ANSWER 6 OF 23 CAPLUS COPYRIGHT 2006 ACS on STN DUPLICATE 6
                         2003:645706 CAPLUS
ACCESSION NUMBER:
DOCUMENT NUMBER:
                         140:138711
                         Benzoflavone activators of the cystic
TITLE:
                         fibrosis transmembrane conductance regulator:
                         towards a pharmacophore model for the
                         nucleotide-binding domain
                         Springsteel, Mark F.; Galietta, Luis J. V.; Ma,
AUTHOR (S):
                         Tonghui; By, Kolbot; Berger, Gideon O.; Yang,
                         Hong; Dicus, Christopher W.; Choung, Wonken; Quan,
                         Chao; Shelat, Anang A.; Guy, R. Kiplin; Verkman,
                         A. S.; Kurth, Mark J.; Nantz, Michael H.
                         Department of Chemistry, University of California,
CORPORATE SOURCE:
                         Davis, CA, 95616, USA
                         Bioorganic & Medicinal Chemistry (2003), 11(18),
SOURCE:
                         4113-4120
                         CODEN: BMECEP; ISSN: 0968-0896
PUBLISHER:
                         Elsevier Science Ltd.
DOCUMENT TYPE:
                         Journal
LANGUAGE:
                         English
OTHER SOURCE(S):
                         CASREACT 140:138711
    Our previous screen of flavones and related heterocycles for the ability
     to activate the cystic fibrosis transmembrane
     conductance regulator (CFTR) chloride channel indicated that
     UCCF-029, a 7,8-benzoflavone, was a potent activator. In the present
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study, we describe the synthesis and evaluation, using cell-based assays,
of a series of benzoflavone analogs to examine structure-activity
relationships and to identify compds. having greater potency for
activation of both wild type CFTR and a mutant CFTR
(G551D-CFTR) that causes cystic fibrosis in
some human subjects. Using UCCF-029 as a structural guide, a panel of 77
flavonoid analogs was prepared Anal. of the panel in FRT cells indicated
that benzannulation of the flavone A-ring at the 7,8-position greatly
improved compound activity and potency for several flavonoids.
Incorporation of a B-ring pyridyl nitrogen either at the 3- or 4-position
also elevated CFTR activity, but the influence of this
structural modification was not as uniform as the influence of
benzannulation. The most potent new analog, UCCF-339, activated wild-type
CFTR with a Kd of 1.7 \muM, which is more active than the
previous most potent flavonoid activator of CFTR, apigenin.
Several compds. in the benzoflavone panel also activated G551D-
CFTR, but none were as active as apigenin. Pharmacophore modeling
suggests a common binding mode for the flavones and other known
CFTR activators at one of the nucleotide-binding sites, allowing
for the rational development of more potent flavone analogs.
1-3 (Pharmacology)
pharmacophore benzoflavone activator CFTR nucleotide binding
domain
Human
Pharmacophores
Structure-activity relationship
   (benzoflavone activators of cystic fibrosis
   transmembrane conductance regulator and pharmacophore model for
   nucleotide-binding domain)
CFTR (cystic fibrosis transmembrane
   conductance regulator)
RL: BSU (Biological study, unclassified); BIOL (Biological study)
   (benzoflavone activators of cystic fibrosis
   transmembrane conductance regulator and pharmacophore model for
   nucleotide-binding domain)
Flavonoids
RL: PAC (Pharmacological activity); PRP (Properties); THU (Therapeutic
use); BIOL (Biological study); USES (Uses)
   (benzoflavone activators of cystic fibrosis
   transmembrane conductance regulator and pharmacophore model for
   nucleotide-binding domain)
652138-03-9P
              652138-07-3P
RL: PAC (Pharmacological activity); PRP (Properties); SPN (Synthetic
preparation); THU (Therapeutic use); BIOL (Biological study); PREP
(Preparation): USES (Uses)
   (benzoflavone activators of cystic fibrosis
   transmembrane conductance regulator and pharmacophore model for
   nucleotide-binding domain)
                    604-59-1, UCCF 023
                                        1645-20-1
                                                     1645-21-2
525-82-6, Flavone
1939-53-3
            2110-25-0
                        3034-15-9
                                    3034-16-0
                                                3327-27-3
                                                            4143-74-2
            6051-88-3
                        14756-22-0
                                   20525-20-6
                                                  53324-47-3
                                                               54197-90-9
6051-87-2
             80309-04-2
                          98166-63-3
71601-17-7
                                       98166-64-4
                                                    98166-67-7
98166-69-9
             98166-70-2
                          125240-02-0
                                        133367-37-0
                                                      226547-98-4
             363608-67-7, UCCF-029
226548-01-2
                                    652137-98-9
                                                  652137-99-0
652138-00-6
             652138-01-7
                            652138-02-8
                                          652138-04-0
                                                        652138-05-1
652138-06-2
             652138-08-4
                            652138-09-5
                                         652138-10-8
                                                        652138-11-9
652138-12-0 652138-13-1
                           652138-14-2
                                         652138-15-3
                                                        652138-16-4
                                         652138-20-0
652138-17-5 652138-18-6
                          652138-19-7
                                                        652138-21-1
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652138-22-2 652138-23-3

652138-24-4

652138-27-7 652138-28-8 652138-29-9 652138-30-2

652138-25-5

652138-26-6

652138-31-3

```
652138-32-4
                   652138-33-5
                                 652138-34-6
                                               652138-35-7
                                                             652138-36-8
     652138-37-9 652138-38-0 652138-39-1
                                               652138-40-4
                                                             652138-41-5
     652138-42-6 652138-43-7 652138-44-8
                                               652138-45-9
     RL: PAC (Pharmacological activity); PRP (Properties); THU (Therapeutic
     use); BIOL (Biological study); USES (Uses)
        (benzoflavone activators of cystic fibrosis
        transmembrane conductance regulator and pharmacophore model for
       nucleotide-binding domain)
     520-36-5, Apigenin
IT
     RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL
     (Biological study); USES (Uses)
        (benzoflavone activators of cystic fibrosis
        transmembrane conductance regulator and pharmacophore model for
        nucleotide-binding domain)
                 14254-57-0, Isonicotinoyl chloride
     2110-30-7
                                                      52220-64-1
IT
     RL: RCT (Reactant); RACT (Reactant or reagent)
        (benzoflavone activators of cystic fibrosis
        transmembrane conductance regulator and pharmacophore model for
        nucleotide-binding domain)
IT
     652138-46-0P
     RL: RCT (Reactant); SPN (Synthetic preparation); PREP (Preparation); RACT
     (Reactant or reagent)
        (benzoflavone activators of cystic fibrosis
        transmembrane conductance regulator and pharmacophore model for
        nucleotide-binding domain)
                               THERE ARE 29 CITED REFERENCES AVAILABLE FOR THIS
REFERENCE COUNT:
                         29
                               RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT
L136 ANSWER 7 OF 23 CAPLUS COPYRIGHT 2006 ACS on STN DUPLICATE 7
                         2003:521329 CAPLUS
ACCESSION NUMBER:
                         139:254727
DOCUMENT NUMBER:
TITLE:
                         3-(2-benzyloxyphenyl)isoxazoles and isoxazolines:
                         synthesis and evaluation as CFTR activators
                         Sammelson, Robert E.; Ma, T.; Galietta, Luis
AUTHOR (S):
                         J. V.; Verkman, A. S.; Kurth, Mark J.
                         Department of Chemistry, University of California,
CORPORATE SOURCE:
                         Davis, CA, 95616-5295, USA
SOURCE:
                         Bioorganic & Medicinal Chemistry Letters (2003),
                         13(15), 2509-2512
                         CODEN: BMCLE8; ISSN: 0960-894X
                         Elsevier Science B.V.
PUBLISHER:
DOCUMENT TYPE:
                         Journal
                         English
LANGUAGE:
                         CASREACT 139:254727
OTHER SOURCE(S):
     A novel class of activators for chloride conductance in the cystic
     fibrosis transmembrane conductance regulator (CFTR)
     protein has been identified. These 3-(2-benzyloxyphenyl)isoxazoles and
     3-(2-benzyloxyphenyl) isoxazolines were synthesized employing the
     1,3-dipolar cycloaddn. of nitrile oxides with various alkene and alkyne
     dipolarophiles. Utilizing a fluorescence cell-based assay of halide
     transport, the best compds. increased CFTR-dependent
     chloride transport with half-maximal stimulation at
     20-50 μM.
     1-3 (Pharmacology)
     benzyloxyphenylisoxazole isoxazoline prepn cystic
     fibrosis transmembrane conductance regulator activator;
     combinatorial library design benzyloxyphenylisoxazole isoxazoline
     CFTR activator chloride transport
    Combinatorial library
TΤ
       Cystic fibrosis
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Spivack 10/676727
     Drug design
     Pharmacophores
        (benzyloxyphenyl isoxazoles and isoxazolines synthesis and evaluation
        as CFTR activators)
     CFTR (cystic fibrosis transmembrane
IT
        conductance regulator)
     Chloride channel
     RL: BSU (Biological study, unclassified); BIOL (Biological study)
        (benzyloxyphenyl isoxazoles and isoxazolines synthesis and evaluation
        as CFTR activators)
     Structure-activity relationship
IT
        (chloride transport-stimulating; benzyloxyphenyl
        isoxazoles and isoxazolines synthesis and evaluation as CFTR
        activators)
     Biological transport
IT
        (chloride; benzyloxyphenyl isoxazoles and isoxazolines
        synthesis and evaluation as CFTR activators)
IT
     363608-67-7, UCCF 029
     RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
        (UCCF 029; benzyloxyphenyl isoxazoles and isoxazolines synthesis and
        evaluation as CFTR activators)
     226070-80-0, UCCF 180
IT
     RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
        (UCCF 180; benzyloxyphenyl isoxazoles and isoxazolines synthesis and
        evaluation as CFTR activators)
     600740-19-0P
                   600740-20-3P
                                   600740-21-4P
                                                  600740-22-5P
                                                                 600740-23-6P
ΙT
     600740-24-7P 600740-25-8P
                                   600740-26-9P
                                                  600740-27-0P
                                                                 600740-28-1P
     600740-29-2P 600740-30-5P
                                   600740-31-6P
                                                  600740-32-7P
                                                                 600740-33-8P
     600740-34-9P
                    600740-35-0P
                                   600740-36-1P
                                                  600740-37-2P
                                                                 600740-38-3P
     600740-44-1P
     RL: CPN (Combinatorial preparation); PRP (Properties); THU (Therapeutic
     use); BIOL (Biological study); CMBI (Combinatorial study); PREP
     (Preparation): USES (Uses)
        (benzyloxyphenyl isoxazoles and isoxazolines synthesis and evaluation
        as CFTR activators)
     107-19-7, Propargyl alcohol 135-02-4, 2-Methoxybenzaldehyde
IT
     Propargyl chloride
     RL: RCT (Reactant); RACT (Reactant or reagent)
        (benzyloxyphenyl isoxazoles and isoxazolines synthesis and evaluation
        as CFTR activators)
ΙT
     29577-53-5P
     RL: RCT (Reactant); SPN (Synthetic preparation); PREP (Preparation); RACT
     (Reactant or reagent)
        (benzyloxyphenyl isoxazoles and isoxazolines synthesis and evaluation
        as CFTR activators)
                    600740-15-6P
                                   600740-16-7P
                                                  600740-17-8P 600740-18-9P
IT
     345967-78-4P
     RL: SPN (Synthetic preparation); PREP (Preparation)
        (benzyloxyphenyl isoxazoles and isoxazolines synthesis and evaluation
        as CFTR activators)
IT
     255-59-4, Quinolizinium
                             446-72-0, Genistein
                                                     520-36-5, Apigenin
     43135-91-7, Benzimidazolone 601519-76-0, UCCF 152
     RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
        (benzyloxyphenyl isoxazoles and isoxazolines synthesis and evaluation
        as CFTR activators)
```

- IT 16887-00-6, Chloride, biological studies
 - RL: BSU (Biological study, unclassified); BIOL (Biological study)

(transport; benzyloxyphenyl isoxazoles and isoxazolines

synthesis and evaluation as CFTR activators)

REFERENCE COUNT: 14 THERE ARE 14 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

```
L136 ANSWER 8 OF 23 CAPLUS COPYRIGHT 2006 ACS on STN DUPLICATE 8
                          2003:561548 CAPLUS
ACCESSION NUMBER:
                          139:391085
DOCUMENT NUMBER:
                          CFTR activation in human bronchial
TITLE:
                          epithelial cells by novel benzoflavone and
                          benzimidazolone compounds
                          Caci, Emanuela; Folli, Chiara; Zegarra-Moran, Olga;
AUTHOR (S):
                          Ma, Tonghui; Springsteel, Mark F.; Sammelson, Robert E.; Nantz, Michael H.; Kurth, Mark J.;
                          Verkman, A. S.; Galietta, Luis J. V.
                          Laboratorio di Genetica Molecolare, Istituto Giannina
CORPORATE SOURCE:
                          Gaslini, Genoa, 16148, Italy
                          American Journal of Physiology (2003), 285(1, Pt. 1),
SOURCE:
                          L180-L188
                          CODEN: AJPHAP; ISSN: 0002-9513
PUBLISHER:
                          American Physiological Society
DOCUMENT TYPE:
                          Journal
LANGUAGE:
                          English
     Activators of the CFTR Cl- channel may be useful for therapy of
     cystic fibrosis. Short-circuit current (Isc)
measurements were done on human bronchial epithelial cells to characterize
     the best flavone and benzimidazolone CFTR activators identified
     by lead-based combinatorial synthesis and high-throughput screening.
     7,8-benzoflavone UCCF-029 was a potent activator of Cl- transport, with
     activating potency (<1 \( \mu M \) being much better than other flavones, such
     as apigenin. The benzimidazolone UCCF-853 gave similar Isc but with lower
     potency (5-20 μM). In combination, the effect induced by maximal
     UCCF-029 and UCCF-853 was 50-80% greater than that of either compound alone.
     The apparent activating potencies (Kd) of UCCF-029, UCCF-853, and apigenin
     increased strongly with increasing basal CFTR activity: for
     example, Kd for activation by UCCF-029 decreased from >5 to <0.4~\mu M
     with increasing basal Isc from .apprx.4 \mu A/cm2 to .apprx.12 \mu A/cm2.
     This dependence was confirmed in permeabilized Fischer rat thyroid cells
     stably expressing CFTR. Our results demonstrate efficacy of novel CFTR activators in bronchial epithelia and provide
     evidence that activating potency depends on basal CFTR activity.
     1-9 (Pharmacology)
CC
     Section cross-reference(s): 13
     benzoflavone benzimidazole bronchi epithelium chloride
ST
     transport
IT
     Cystic fibrosis
     Human
         (CFTR activation in human bronchial epithelial cells by novel
        benzoflavone and benzimidazolone compds.)
IT
     CFTR (cystic fibrosis transmembrane
        conductance regulator)
     RL: BSU (Biological study, unclassified); BIOL (Biological study)
         (CFTR activation in human bronchial epithelial cells by novel
        benzoflavone and benzimidazolone compds.)
IT
     Epithelium
         (bronchial; CFTR activation in human bronchial epithelial
        cells by novel benzoflavone and benzimidazolone compds.)
     Bronchi
TΤ
         (epithelium; CFTR activation in human bronchial epithelial
        cells by novel benzoflavone and benzimidazolone compds.)
     Biological transport
TΤ
        (of chloride ion; CFTR activation in
        human bronchial epithelial cells by novel benzoflavone and
        benzimidazolone compds.)
```

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IT
     520-36-5, Apigenin
                          363608-67-7, UCCF-029
                                                 625458-06-2, UCCF 853
     RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL
     (Biological study); USES (Uses)
        (CFTR activation in human bronchial epithelial cells by novel
        benzoflavone and benzimidazolone compds.)
     16887-00-6, Chloride ion, biological studies
IT
     RL: BSU (Biological study, unclassified); BIOL (Biological study)
        (transport: CFTR activation in human bronchial
        epithelial cells by novel benzoflavone and benzimidazolone compds.)
REFERENCE COUNT:
                         29
                               THERE ARE 29 CITED REFERENCES AVAILABLE FOR THIS
                               RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT
L136 ANSWER 9 OF 23 CAPLUS COPYRIGHT 2006 ACS on STN DUPLICATE 9
ACCESSION NUMBER:
                         2002:742984 CAPLUS
DOCUMENT NUMBER:
                         138:313909
                         High-affinity Activators of Cystic
TITLE:
                         Fibrosis Transmembrane Conductance Regulator (
                         CFTR) Chloride Conductance Identified by
                         High-Throughput Screening
                         Ma, Tonghui; Vetrivel, L.; Yang, Hong;
AUTHOR (S):
                         Pedemonte, Nicoletta; Zegarra-Moran, Olga; Galietta,
                         Luis J. V.; Verkman, A. S.
                         Departments of Medicine and Physiology, Cardiovascular
CORPORATE SOURCE:
                         Research Institute, University of California, San
                         Francisco, CA, 94143-0521, USA
SOURCE:
                         Journal of Biological Chemistry (2002), 277(40),
                         37235-37241
                         CODEN: JBCHA3; ISSN: 0021-9258
PUBLISHER:
                         American Society for Biochemistry and Molecular
                         Biology
DOCUMENT TYPE:
                         Journal
LANGUAGE:
                         English
     Cystic fibrosis (CF) is caused by mutations in the CF
     transmembrane conductance regulator (CFTR) protein that reduce
     cAMP-stimulated Cl- conductance in airway and other epithelia.
     purpose of this investigation was to identify new classes of potent
     CFTR activators. A collection of 60,000 diverse drug-like compds.
     was screened at 10 µm together with a low concentration of forskolin (0.5
     μm) in Fisher rat thyroid epithelial cells co-expressing human
     CFTR and a green fluorescent protein-based Cl- sensor. Primary
     screening yielded 57 strong activators (greater activity than reference
compound
     apigenin), most of which were unrelated in chemical structure to known
     CFTR activators, and 284 weaker activators. Secondary anal. of
     the strong activators included anal. of CFTR specificity,
     forskolin requirement, transepithelial short-circuit current, activation
     kinetics, dose response, toxicity, and activation mechanism. Three
     compds., the most potent being a dihydroisoquinoline, activated
     CFTR by elevating cellular cAMP, probably by phosphodiesterase
     inhibition. Fourteen compds. activated CFTR without cAMP
     elevation or phosphatase inhibition, suggesting direct CFTR
     interaction. The most potent compds. had tetrahydrocarbazol,
     hydroxycoumarin, and thiazolidine core structures. These compds. induced
     CFTR Cl- currents rapidly (<5 min) with Kd down to 200 nm and were
     CFTR-selective, reversible, and nontoxic. Several compds., the
     most potent being a trifluoromethylphenylbenzamine, activated the
     CF-causing mutant G551D, but with much weaker affinity (Kd > 10 µm).
```

When added for 10 min, none of the compds. activated APhe508-

CFTR trapped in the endoplasmic reticulum). However, after

CFTR in transfected cells grown at 37° (with \Delta Phe 508-

correction of trafficking by 48 h of growth at 27°, tetrahydrocarbazol and N-phenyltriazine derivs. strongly stimulated Clconductance with Kd < 1 μm . The new activators identified here may be useful in defining mol. mechanisms of CFTR activation and as lead compds. in CF drug development. 1-3 (Pharmacology) cystic fibrosis transmembrane conductance regulator ST activator high throughput screening; chloride conductance CFTR activator high throughput screening TТ Human (CFTR activators effect on short-circuit current in human bronchial epithelial cells; high-affinity activators of cystic fibrosis transmembrane conductance regulator (CFTR) chloride conductance identified by high-throughput screening) IT **Epithelium** (bronchial, CFTR activators effect on short-circuit current in human bronchial epithelial cells; high-affinity activators of cystic fibrosis transmembrane conductance regulator (CFTR) chloride conductance identified by high-throughput screening) IT Biological transport (chloride; high-affinity activators of cystic fibrosis transmembrane conductance regulator (CFTR) chloride conductance identified by high-throughput screening) ΙT Bronchi (epithelium, CFTR activators effect on short-circuit current in human bronchial epithelial cells; high-affinity activators of cystic fibrosis transmembrane conductance regulator (CFTR) chloride conductance identified by high-throughput screening) Cystic fibrosis IT Drug screening High throughput screening Structure-activity relationship (high-affinity activators of cystic fibrosis transmembrane conductance regulator (CFTR) chloride conductance identified by high-throughput screening) CFTR (cystic fibrosis transmembrane TT conductance regulator) RL: BSU (Biological study, unclassified); BIOL (Biological study) (wildtype and mutant; high-affinity activators of cystic fibrosis transmembrane conductance regulator (CFTR) chloride conductance identified by high-throughput screening) 16887-00-6, Chloride, biological studies IT RL: BSU (Biological study, unclassified); BIOL (Biological study) (high-affinity activators of cystic fibrosis transmembrane conductance regulator (CFTR) chloride conductance identified by high-throughput screening) 297159-83-2 ŦΤ 51334-86-2 58926-60-6 68301-50-8 301337-99-5 307511-63-3 303227-10-3 316361-05-4 337497-45-7 361182-76-5 403735-81-9 425400-78-8 512205-03-7 512205-04-8 512205-05-9 512205-07-1 512205-06-0 RL: DMA (Drug mechanism of action); PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses) (high-affinity activators of cystic fibrosis transmembrane conductance regulator (CFTR) chloride conductance identified by high-throughput screening) TТ 60-92-4, CAMP 9013-05-2, Phosphatase RL: BSU (Biological study, unclassified); BIOL (Biological study) (high-affinity activators of cystic fibrosis

transmembrane conductance regulator (CFTR) chloride conductance identified by high-throughput screening and cAMP induction or phosphatase inhibition involvement in action mechanism)

REFERENCE COUNT: 16 THERE ARE 16 CITED REFERENCES AVAILABLE FOR THIS

L136 ANSWER 10 OF 23 CAPLUS COPYRIGHT 2006 ACS on STN DUPLICATE 10

ACCESSION NUMBER: 2002:932809 CAPLUS

DOCUMENT NUMBER: 139:235

TITLE: Thiazolidinone CFTR inhibitor identified by

high-throughput screening blocks cholera toxin-induced

intestinal fluid secretion

AUTHOR(S): Ma, Tonghui; Thiagarajah, Jay R.; Yang,

Hong; Sonawane, Nitin D.; Folli, Chiara; Galietta,

RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

Luis J. V.; Verkman, A. S.

CORPORATE SOURCE: Department of Medicine, Cardiovascular Research

Institute, University of California, San Francisco,

San Francisco, CA, 94143-0521, USA

SOURCE: Journal of Clinical Investigation (2002), 110(11),

1651-1658

CODEN: JCINAO; ISSN: 0021-9738

PUBLISHER: American Society for Clinical Investigation

DOCUMENT TYPE: Journal LANGUAGE: English

Secretory diarrhea is the leading cause of infant death in developing countries and a major cause of morbidity in adults. The cystic fibrosis transmembrane conductance regulator (CFTR) protein is required for fluid secretion in the intestine and airways and, when defective, causes the lethal genetic disease cystic fibrosis. We screened 50,000 chemical diverse compds. for inhibition of cAMP/flavone-stimulated Cl- transport in epithelial cells expressing CFTR. Six CFTR inhibitors of the 2-thioxo-4thiazolidinone chemical class were identified. The most potent compound discovered by screening of structural analogs, CFTRinh-172, reversibly inhibited CFTR short-circuit current in less than 2 min in a voltage-independent manner with K1 approx. 300 nM. CFTRinh-172 was nontoxic at high concns. in cell culture and mouse models. At concns. fully inhibiting CFTR, CFTRinh-172 did not prevent elevation of cellular cAMP or inhibit non-CFTR Cl- channels, multidrug resistance protein-1 (MDR-1), ATP-sensitive K+ channels, or a series of other transporters. A single i.p. injection of CFTRinh-172 (250 µq/kq) in mice reduced by more than 90% cholera toxin-induced fluid secretion in the small intestine over 6 h. Thiazolidinone CFTR inhibitors may be useful in developing

large-animal models of cystic fibrosis and in reducing

intestinal fluid loss in cholera and other secretory diarrheas.

CC 1-1 (Pharmacology)

ST intestine fluid secretion thiazolidinone CFTR inhibitor; high throughput screening thiazolidinone CFTR inhibitor

IT Biological transport

(chloride; thiazolidinone CFTR inhibitor identified by high-throughput screening blocks cholera toxin-induced intestinal fluid secretion)

IT Diarrhea

(secretory; thiazolidinone CFTR inhibitor identified by high-throughput screening blocks cholera toxin-induced intestinal fluid secretion)

IT Drug screening Epithelium

High throughput screening

(thiazolidinone CFTR inhibitor identified by high-throughput screening blocks cholera toxin-induced intestinal fluid secretion)

IT CFTR (cystic fibrosis transmembrane

IT CFTK (CYSTIC TIDIOSIS CLAUSING

conductance regulator)

RL: BSU (Biological study, unclassified); BIOL (Biological study) (thiazolidinone CFTR inhibitor identified by high-throughput screening blocks cholera toxin-induced intestinal fluid secretion)

IT 141-84-4D, 2-Thioxo-4-thiazolidinone, derivs. 292174-08-4 301308-44-1 303056-54-4 307510-92-5 328250-71-1 535962-72-2

RL: PAC (Pharmacological activity); BIOL (Biological study) (thiazolidinone CFTR inhibitor identified by high-throughput screening blocks cholera toxin-induced intestinal fluid secretion)

IT 16887-00-6, Chloride, biological studies

RL: BSU (Biological study, unclassified); BIOL (Biological study) (transport; thiazolidinone CFTR inhibitor identified by high-throughput screening blocks cholera toxin-induced intestinal fluid secretion)

IT 141-84-4D, 2-Thioxo-4-thiazolidinone, derivs. 292174-08-4
301308-44-1 303056-54-4 307510-92-5
328250-71-1 535962-72-2

RL: PAC (Pharmacological activity); BIOL (Biological study) (thiazolidinone CFTR inhibitor identified by high-throughput screening blocks cholera toxin-induced intestinal fluid secretion)

RN 141-84-4 CAPLUS

CN 4-Thiazolidinone, 2-thioxo- (9CI) (CA INDEX NAME)

RN 292174-08-4 CAPLUS

CN 4-Thiazolidinone, 5-[(3-bromo-4-hydroxy-5-nitrophenyl)methylene]-2-thioxo-3-[3-(trifluoromethyl)phenyl]- (9CI) (CA INDEX NAME)

RN 301308-44-1 CAPLUS

CN 4-Thiazolidinone, 5-[(4-nitrophenyl)methylene]-2-thioxo-3-[3-

(trifluoromethyl)phenyl] - (9CI) (CA INDEX NAME)

RN 303056-54-4 CAPLUS
CN 4-Thiazolidinone 5-[(3 4-dihydroxyphenyl)methylenel-2-

CN 4-Thiazolidinone, 5-[(3,4-dihydroxyphenyl)methylene]-2-thioxo-3-[3-(trifluoromethyl)phenyl]- (9CI) (CA INDEX NAME)

RN 307510-92-5 CAPLUS

CN Benzoic acid, 4-[[4-oxo-2-thioxo-3-[3-(trifluoromethyl)phenyl]-5-thiazolidinylidene]methyl]- (9CI) (CA INDEX NAME)

RN 328250-71-1 CAPLUS

CN 4-Thiazolidinone, 5-[(3,5-dibromo-4-hydroxyphenyl)methylene]-2-thioxo-3-[3-(trifluoromethyl)phenyl]- (9CI) (CA INDEX NAME)

RN 535962-72-2 CAPLUS

CN 4-Thiazolidinone, 5-[[4-(carboxyoxy)phenyl]methylene]-2-thioxo-3-[3-(trifluoromethyl)phenyl]- (9CI) (CA INDEX NAME)

REFERENCE COUNT: 27 THERE ARE 27 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L136 ANSWER 11 OF 23 CAPLUS COPYRIGHT 2006 ACS on STN

ACCESSION NUMBER: 2004:467841 CAPLUS

DOCUMENT NUMBER:

141:38355

TITLE:

Preparation of non-secosteroidal diaryl compounds as vitamin D receptor modulators for the treatment of bone disease, psoriasis, and other related diseases Bunel, Emilio Enrique; Gajewski, Robert Peter; Jones,

INVENTOR(S):

Charles David; Lu, Jianliang; Ma, Tianwei;

Nagpal, Sunil; Yee, Ying Kwong

PATENT ASSIGNEE(S):

Eli Lilly and Company, USA PCT Int. Appl., 355 pp.

SOURCE:

CODEN: PIXXD2

DOCUMENT TYPE:

Patent

LANGUAGE:

English

FAMILY ACC. NUM. COUNT:

PATENT INFORMATION:

PATENT NO.	KIND DATE APPLICATION NO.					
WO 2004048309	A1 20040610	WO 2003-US35055	20031120			
W: AE, AG, AL,	AM, AT, AU, AZ,	BA, BB, BG, BR, BW,	BY, BZ, CA, CH,			
CN, CO, CR,	CU, CZ, DE, DK,	DM, DZ, EC, EE, EG,	ES, FI, GB, GD,			
GE, GH, GM,	HR, HU, ID, IL,	IN, IS, JP, KE, KG,	KP, KR, KZ, LC,			
LK, LR, LS,	LT, LU, LV, MA,	MD, MG, MK, MN, MW,	MX, MZ, NI, NO,			
NZ, OM, PG,	PH, PL, PT, RO,	RU, SC, SD, SE, SG,	SK, SL, SY, TJ,			
TM, TN, TR,	TT, TZ, UA, UG,	US, UZ, VC, VN, YU,	ZA, ZM, ZW			
RW: BW, GH, GM,	KE, LS, MW, MZ,	SD, SL, SZ, TZ, UG,	ZM, ZW, AM, AZ,			
BY, KG, KZ,	MD, RU, TJ, TM,	AT, BE, BG, CH, CY,	CZ, DE, DK, EE,			
ES, FI, FR,	GB, GR, HU, IE,	IT, LU, MC, NL, PT,	RO, SE, SI, SK,			
TR, BF, BJ,	CF, CG, CI, CM,	GA, GN, GQ, GW, ML,	MR, NE, SN, TD, TG			
CA 2506891	AA 20040610	CA 2003-2506891	20031120			
EP 1565422	A1 20050824	EP 2003-781741	20031120			
R: AT, BE, CH,	DE, DK, ES, FR,	GB, GR, IT, LI, LU,	NL, SE, MC, PT,			
IE, SI, LT,	LV, FI, RO, MK,	CY, AL, BG, CZ, EE,	HU, SK			
PRIORITY APPLN. INFO.:		US 2002-429041P	P 20021122			
		WO 2003-US35055	W 20031120			
OTHER SOURCE(S):	MARPAT 141:3835	5				

$$R^3$$
 L_3
 L_2
 R^4
 R^5
 R^6
 R^6

AB The present invention relates to the preparation of novel, non-secosteroidal, diaryl compds. I (R1 and R2 are independently H, F, Cl, CF3, CH2F, CHF2, OMe, OEt, vinyl, Me, Et, Pr, 1-methylethyl, 1,1-dimethylethyl, Bu, 1-methylpropyl, 2-methylpropyl or cyclopropyl; R3 = 1-methylethyl, 1-methylpropyl, 2-methylpropyl, 1,1-dimethylethyl, 1,1-dimethylpropyl, 1,2-dimethylpropyl, 2,2-dimethylpropyl or substituted pentyls; R4 and R5 are independently Me, Et, Pr, or 1-methylethyl; L1 = O, CH2, C(O), CHOH, CH(Me), or C(Me)OH; L2 = CH2, C(O), CHOH, CH(Me), or C(Me)OH; or L1 and L2as a group = CH2-CH2, CH:CH, Or C:C; L3 = CH2, C(O), CHOH, CH(Me), or C(Me)OH; R6 = subtituted carboxylic acids, esters and amide) as vitamin D receptor modulators for the treatment of bone disease, psoriasis, and other related diseases. Thus, o-cresol, 3-pentanone, and methanesulfonic acid were reacted to give 3',3'-Bis[4-hydroxy-3-methylphenyl]pentane which was treated with 3,3-dimethyl-1-bromo-2-butanone to give II. II was treated with Tf20 to give the corresponding triflate, followed by reduction of the ketone to the alc. using NaBH4. The alc. was treated with Pd(OAc)2, Dppf, MeOH, Et3N, DMF, and pressurized carbon monoxide (1,000 psi) for 48 h to give III which had an EC50 of 21 nm in an OCN promoter assay. IC ICM C07C059-90

ICS C07C062-24; C07C069-78; C07C235-34; C07C311-50; C07C317-28; C07D257-06; C07D277-34; A61K031-12; A61K031-165; A61K031-18; A61K031-19; A61K031-192; A61K031-235; A61K031-41; A61K031-426

CC 23-9 (Aliphatic Compounds)

Section cross-reference(s): 1, 63

IT 700831-68-1P 700831-69-2P 700831-70-5P 700831-71-6P 700831-72-7P 700831-73-8P 700831-74-9P 700831-75-0P 700831-76-1P 700831-77-2P 700831-78-3P 700831-79-4P 700831-80-7P 700831-81-8P 700831-82-9P 700831-83-0P 700831-84-1P 700831-85-2P 700831-86-3P 700831-87-4P

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RL: PAC (Pharmacological activity); SPN (Synthetic preparation); THU
(Therapeutic use); BIOL (Biological study); PREP (Preparation); USES
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             233268-82-1P
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700832-93-5P
               700833-38-1P
RL: RCT (Reactant); SPN (Synthetic preparation); PREP (Preparation); RACT
(Reactant or reagent)
   (preparation of diaryl vitamin D receptor modulators for treatment of bone
   disease, psoriasis and other implicated diseases)
700832-20-8P 700833-37-0P
RL: PAC (Pharmacological activity); SPN (Synthetic preparation); THU
(Therapeutic use); BIOL (Biological study); PREP (Preparation); USES
(Uses)
   (preparation of diaryl vitamin D receptor modulators for treatment of bone
   disease, psoriasis and other implicated diseases)
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RN 700832-20-8 CAPLUS

IT

IT

CN

2,4-Thiazolidinedione, 5-[[4-[1-ethyl-1-[4-(2-hydroxy-3,3-dimethylbutoxy)-3-methylphenyl]propyl]-2-methylphenyl]methyl]- (9CI) (CA INDEX NAME)

Searched by John DiNatale 571-272-2557

700833-37-0 CAPLUS RN

2,4-Thiazolidinedione, 5-[[4-[1-ethyl-1-[4-[(2R)-2-hydroxy-3,3-CN dimethylbutoxy]-3-methylphenyl]propyl]-2-methylphenyl]methyl]- (9CI) (CA INDEX NAME)

Absolute stereochemistry.

700832-87-7P 700832-90-2P IT

> RL: RCT (Reactant); SPN (Synthetic preparation); PREP (Preparation); RACT (Reactant or reagent)

(preparation of diaryl vitamin D receptor modulators for treatment of bone disease, psoriasis and other implicated diseases) 700832-87-7 CAPLUS

RN

2,4-Thiazolidinedione, 5-[[4-[1-ethyl-1-[4-[(2R)-2-hydroxy-3,3-CN dimethylbutoxy]-3-methylphenyl]propyl]-2-methylphenyl]methylene]-, (5E)-(9CI) (CA INDEX NAME)

Absolute stereochemistry.

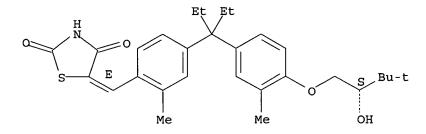
Double bond geometry as shown.

RN 700832-90-2 CAPLUS

CN 2,4-Thiazolidinedione, 5-[[4-[1-ethyl-1-[4-[(2S)-2-hydroxy-3,3-dimethylbutoxy]-3-methylphenyl]propyl]-2-methylphenyl]methylene]-, (5E)-(9CI) (CA INDEX NAME)

Absolute stereochemistry.

Double bond geometry as shown.



REFERENCE COUNT: 1 THERE ARE 1 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L136 ANSWER 12 OF 23 CAPLUS COPYRIGHT 2006 ACS on STN

ACCESSION NUMBER: 2004:290483 CAPLUS

DOCUMENT NUMBER: 140:315071

TITLE: Thiazolidinone cystic fibrosis

transmembrane conductance regulator protein inhibitors

and pharmaceutical prepns. for treatment of

CFTR-mediated diseases and conditions

INVENTOR(S): Verkman, Alan; Ma, Tonghui

PATENT ASSIGNEE(S): The Regents of the University of California, USA

SOURCE: PCT Int. Appl., 78 pp.

CODEN: PIXXD2

DOCUMENT TYPE: Patent LANGUAGE: English

FAMILY ACC. NUM. COUNT: 2

PATENT INFORMATION:

PATENT	NO.			KIN	o 1	DATE		i	APPL	ICAT:	ION 1	NO.		D	ATE	
					-									-		
WO 2004	0284	80		A2	:	2004	0408	Ţ	WO 2	003-1	JS31	005		2	0030	930
WO 2004	10284	80		A3	:	2004	0701									
W:	ΑE,	AG,	AL,	AM,	AT,	AU,	AZ,	BA,	BB,	BG,	BR,	BY,	ΒZ,	CA,	CH,	CN,
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	OM,	PG,	PH,	PL,	PΤ,	RO,	RU,	SC,	SD,	SE,	SG,	SK,	SL,	SY,	TJ,	TM,
	TN,	TR,	TT,	TZ,	UA,	UG,	US,	UZ,	VC,	VN,	YU,	ZA,	ZM,	ZW		

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    EP 1549321
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PRIORITY APPLN. INFO.:
                                             US 2002-262573
                                                                 Α
                                                                    20020930
                                             US 2002-509049P
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                                             WO 2003-US31005
                                                                 W
                                                                    20030930
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OTHER SOURCE(S):

MARPAT 140:315071

I

GΙ

The invention discloses compns., pharmaceutical prepns. and methods for AB inhibition of cystic fibrosis transmembrane conductance regulator protein (CFTR) that are useful for the study and treatment of CFTR-mediated diseases and conditions. The compns. and pharmaceutical prepns. of the invention may comprise one or more thiazolidinone compds. I (X1-X3, Y1-Y3=H, organic group, halo, nitro, azo, OH, mercapto; A1, A2=O, S; A3=S, Se; A4= ≥1 C or heteroatom or is absent), and may addnl. comprise one or more pharmaceutically acceptable carriers, excipients and/or adjuvants. The methods of the invention comprise, in certain embodiments, administering to a patient suffering from a CFTR-mediated disease or condition, an efficacious amount of a thiazolidinone compound In other embodiments the invention provides methods of inhibiting CFTR that comprise contacting cells in a subject with an effective amount of a thiazolidinone compound In addition, the invention features a non-human animal model of CFTR-mediated disease which model is produced by administration of a thiazolidinone compound to a non-human animal in an amount sufficient to inhibit CFTR.

- IC ICM A61K
- CC 1-9 (Pharmacology)

Section cross-reference(s): 14, 28, 63

- ST cystic fibrosis transmembrane conductance regulator protein inhibitor thiazolidine deriv
- IT Potassium channel

RL: BSU (Biological study, unclassified); BIOL (Biological study) (ATP-sensitive; thiazolidinone cystic fibrosis transmembrane conductance regulator protein inhibitors and

pharmaceutical prepns. for treatment of CFTR-mediated diseases and conditions) IT Diarrhea (antidiarrheal; thiazolidinone cystic fibrosis transmembrane conductance regulator protein inhibitors and pharmaceutical prepns. for treatment of CFTR-mediated diseases and conditions) Intestine IT (colon, mucosa; thiazolidinone cystic fibrosis transmembrane conductance regulator protein inhibitors and pharmaceutical prepns. for treatment of CFTR-mediated diseases and conditions) Biological transport IT (ion, CFTR; thiazolidinone cystic fibrosis transmembrane conductance regulator protein inhibitors and pharmaceutical prepns. for treatment of CFTR-mediated diseases and conditions) IT Antidiarrheals Aves Cystic fibrosis Disease models Drug bioavailability Drug delivery systems Drug screening Human Intestinal juice Primates Rodentia (thiazolidinone cystic fibrosis transmembrane conductance regulator protein inhibitors and pharmaceutical prepns. for treatment of CFTR-mediated diseases and conditions) CFTR (cystic fibrosis transmembrane IT conductance regulator) Chloride channel RL: BSU (Biological study, unclassified); BIOL (Biological study) (thiazolidinone cystic fibrosis transmembrane conductance regulator protein inhibitors and pharmaceutical prepns. for treatment of CFTR-mediated diseases and conditions) IT 677027-75-7P RL: PAC (Pharmacological activity); PKT (Pharmacokinetics); SPN (Synthetic preparation); THU (Therapeutic use); BIOL (Biological study); PREP (Preparation); USES (Uses) (thiazolidinone cystic fibrosis transmembrane conductance regulator protein inhibitors and pharmaceutical prepns. for treatment of CFTR-mediated diseases and conditions) IT 307510-92-5P RL: PAC (Pharmacological activity); SPN (Synthetic preparation); THU (Therapeutic use); BIOL (Biological study); PREP (Preparation); USES (Uses) (thiazolidinone cystic fibrosis transmembrane conductance regulator protein inhibitors and pharmaceutical prepns. for treatment of CFTR-mediated diseases and conditions) 504-78-9D, Thiazolidine, derivs. 292174-08-4, 3-[(3-Trifluoromethyl)phenyl]-5-[(3-bromo-4-hydroxy-5nitrophenyl) methylene] -2-thioxo-4-thiazolidinone 301308-44-1, 3-[(3-Trifluoromethyl)phenyl]-5-[(4-nitrophenyl)methylene]-2-thioxo-4thiazolidinone 303056-54-4 328250-71-1, 3-[(3-Trifluoromethyl)phenyl]-5-[(3,5-dibromo-4-hydroxyphenyl)methylene]-2thioxo-4-thiazolidinone 535962-72-2

RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL

(Biological study); USES (Uses)

(thiazolidinone cystic fibrosis transmembrane

conductance regulator protein inhibitors and pharmaceutical prepns. for treatment of CFTR-mediated diseases and conditions)

IT 98-16-8 121-44-8, Triethylamine, reactions 619-66-9

4-Carboxybenzaldehyde 50718-91-7

RL: RCT (Reactant); RACT (Reactant or reagent)

(thiazolidinone cystic fibrosis transmembrane

conductance regulator protein inhibitors and pharmaceutical prepns. for treatment of CFTR-mediated diseases and conditions)

IT 677027-74-6P

RL: RCT (Reactant); SPN (Synthetic preparation); PREP (Preparation); RACT (Reactant or reagent)

(thiazolidinone cystic fibrosis transmembrane

conductance regulator protein inhibitors and pharmaceutical prepns. for treatment of CFTR-mediated diseases and conditions)

IT 677027-75-7P

RL: PAC (Pharmacological activity); PKT (Pharmacokinetics); SPN (Synthetic preparation); THU (Therapeutic use); BIOL (Biological study); PREP (Preparation); USES (Uses)

(thiazolidinone cystic fibrosis transmembrane

conductance regulator protein inhibitors and pharmaceutical prepns. for treatment of CFTR-mediated diseases and conditions)

RN 677027-75-7 CAPLUS

CN Benzoic acid, 4-[[4-oxo-2-thioxo-3-[3-(trifluoromethyl)phenyl]-5-thiazolidinylidene-5-14C]methyl]- (9CI) (CA INDEX NAME)

IT 307510-92-5P

RL: PAC (Pharmacological activity); SPN (Synthetic preparation); THU (Therapeutic use); BIOL (Biological study); PREP (Preparation); USES (Uses)

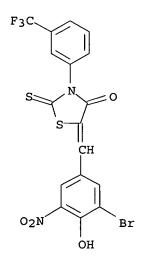
(thiazolidinone cystic fibrosis transmembrane

conductance regulator protein inhibitors and pharmaceutical prepns. for treatment of CFTR-mediated diseases and conditions)

RN 307510-92-5 CAPLUS

CN Benzoic acid, 4-[[4-oxo-2-thioxo-3-[3-(trifluoromethyl)phenyl]-5-thiazolidinylidene]methyl]- (9CI) (CA INDEX NAME)

292174-08-4, 3-[(3-Trifluoromethyl)phenyl]-5-[(3-bromo-4-hydroxy-5-IT nitrophenyl)methylene]-2-thioxo-4-thiazolidinone 301308-44-1, 3-[(3-Trifluoromethyl)phenyl]-5-[(4-nitrophenyl)methylene]-2-thioxo-4thiazolidinone 303056-54-4 328250-71-1, 3-[(3-Trifluoromethyl)phenyl]-5-[(3,5-dibromo-4-hydroxyphenyl)methylene]-2thioxo-4-thiazolidinone 535962-72-2 RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses) (thiazolidinone cystic fibrosis transmembrane conductance regulator protein inhibitors and pharmaceutical prepns. for treatment of CFTR-mediated diseases and conditions) 292174-08-4 CAPLUS RN4-Thiazolidinone, 5-[(3-bromo-4-hydroxy-5-nitrophenyl)methylene]-2-thioxo-CN 3-[3-(trifluoromethyl)phenyl]- (9CI) (CA INDEX NAME)



RN 303056-54-4 CAPLUS
CN 4-Thiazolidinone, 5-[(3,4-dihydroxyphenyl)methylene]-2-thioxo-3-[3-(trifluoromethyl)phenyl]- (9CI) (CA INDEX NAME)

RN 328250-71-1 CAPLUS
CN 4-Thiazolidinone, 5-[(3,5-dibromo-4-hydroxyphenyl)methylene]-2-thioxo-3-[3-(trifluoromethyl)phenyl]- (9CI) (CA INDEX NAME)

RN 535962-72-2 CAPLUS

CN 4-Thiazolidinone, 5-[[4-(carboxyoxy)phenyl]methylene]-2-thioxo-3-[3-(trifluoromethyl)phenyl]- (9CI) (CA INDEX NAME)

IT 677027-74-6P

RL: RCT (Reactant); SPN (Synthetic preparation); PREP (Preparation); RACT (Reactant or reagent)

(thiazolidinone cystic fibrosis transmembrane

conductance regulator protein inhibitors and pharmaceutical prepns. for treatment of CFTR-mediated diseases and conditions)

RN 677027-74-6 CAPLUS

CN 4-Thiazolidinone-5-14C, 2-thioxo-3-[3-(trifluoromethyl)phenyl]- (9CI) (CA INDEX NAME)

L136 ANSWER 13 OF 23 CAPLUS COPYRIGHT 2006 ACS on STN

ACCESSION NUMBER: 2004:506016 CAPLUS

DOCUMENT NUMBER: 141:236485

TITLE: Synthesis and characterization of a small molecule

CFTR chloride channel inhibitor

AUTHOR(S): He, Cheng-yan; Zhang, Heng-jun; Su, Zhong-min; Zhou,

Jin-song; Yang, Hong; Ma, Tong-hui

CORPORATE SOURCE: Membrane Channel Research Laboratory, Northeast Normal

University, Changchun, 130024, Peop. Rep. China

SOURCE: Chemical Research in Chinese Universities (2004),

20(3), 334-337

CODEN: CRCUED; ISSN: 1005-9040

PUBLISHER: Higher Education Press

DOCUMENT TYPE: Journal LANGUAGE: English

A thiazolidinone CFTR inhibitor (CFTRinh-172) was synthesized by a ΔR three-step procedure with trifluoromethylaniline as the starting material. The synthesized CFTR inhibitor was characterized structurally by 1H-NMR and functionally in a CFTR-expressing cell line FRT/hCFTR/EYFP-H148Q by both fluorescent and electrophysiol. methods. A large amount (100 g) of high-quality small mol. thiazolidinone CFTR chloride channel inhibitor, CFTRinh-172, can be produced with this simple three-step synthetic procedure. The structure of the final product 2-thioxo-3-(3trifluoromethylphenyl)-5-[4-carboxyphenyl-methylene]-4-thiazolidinone was confirmed by 1H NMR. The overall yield was 58% with a purity over 99% as analyzed by HPLC. The synthesized CFTRinh-172 specifically inhibited CFTR chloride channel function in a cell-based fluorescence assay (Kd \approx 1.5 μ mol/L) and in a Ussing chamber-based short-circuit current assay (Kd \approx 0.2 μ mol/L), indicating better quality than that of the com. combinatorial compound The synthesized inhibitor is nontoxic to cultured cells at a high concentration and to mouse at a high dose. The synthetic procedure developed here can be used to produce a large amount of the high-quality CFTRinh-172 suitable for antidiarrheal studies and for creation of cystic fibrosis models in large animals. The procedure can be used to synthesize radiolabeled CFTRinh-172 for in vivo pharmacokinetics studies.

CC 1-12 (Pharmacology)

IT 307510-92-5P

RL: PAC (Pharmacological activity); SPN (Synthetic preparation); THU (Therapeutic use); BIOL (Biological study); PREP (Preparation); USES (Uses)

(synthesis and characterization of a small mol. CFTR chloride channel inhibitor)

IT 315-08-2P

RL: RCT (Reactant); SPN (Synthetic preparation); PREP (Preparation); RACT (Reactant or reagent)

(synthesis and characterization of a small mol. CFTR chloride channel inhibitor)

IT 307510-92-5P

RL: PAC (Pharmacological activity); SPN (Synthetic preparation); THU (Therapeutic use); BIOL (Biological study); PREP (Preparation); USES (Uses)

(synthesis and characterization of a small mol. CFTR chloride channel inhibitor)

RN 307510-92-5 CAPLUS

CN Benzoic acid, 4-[[4-oxo-2-thioxo-3-[3-(trifluoromethyl)phenyl]-5-thiazolidinylidene]methyl]- (9CI) (CA INDEX NAME)

IT 315-08-2P

RL: RCT (Reactant); SPN (Synthetic preparation); PREP (Preparation); RACT (Reactant or reagent)

(synthesis and characterization of a small mol. CFTR chloride channel inhibitor)

RN 315-08-2 CAPLUS

CN 4-Thiazolidinone, 2-thioxo-3-[3-(trifluoromethyl)phenyl]- (9CI) (CA INDEX NAME)

REFERENCE COUNT:

11 THERE ARE 11 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L136 ANSWER 14 OF 23 MEDLINE on STN ACCESSION NUMBER: 2005158340 MEDLINE DOCUMENT NUMBER: PubMed ID: 15790911

TITLE: CFTR-regulated chloride transport at the ocular surface in

living mice measured by potential differences.

AUTHOR: Levin Marc H; Verkman A S

CORPORATE SOURCE: Department of Medicine, Cardiovascular Research Institute,

University of California San Francisco, San Francisco,

California, USA.

CONTRACT NUMBER: DK35124 (NIDDK)

EB00415 (NIBIB) EY13574 (NEI) HL59198 (NHLBI) HL73856 (NHLBI)

SOURCE: Investigative ophthalmology & visual science, (2005 Apr) 46

(4) 1428-34.

Journal code: 7703701. ISSN: 0146-0404.

PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 200505

ENTRY DATE: Entered STN: 20050326

Last Updated on STN: 20050513 Entered Medline: 20050512

ABSTRACT:

PURPOSE: To define the role of the cystic fibrosis transmembrane conductance regulator (CFTR) in Cl(-) secretion at the mouse ocular surface in vivo. METHODS: Open-circuit potential differences (PDs) across the fluid-bathed ocular surface were measured in anesthetized wild-type and cystic fibrosis (CF) mice in response to Cl(-) ion substitution and transport agonists and inhibitors. RESULTS: Basal ocular surface PD was -23 +/- 1 mV (SE; 20 wild-type mice), depolarizing to -16 +/- 2 mV after amiloride, then hyperpolarizing to -34 +/-3 mV after low Cl(-). CFTR activation by forskolin or a selective activator caused further sustained hyperpolarization to -50 to -60 mV. UTP produced a comparable but transient hyperpolarization. The CFTR inhibitors CFTR(inh)-172 and GlyH-101 largely reversed agonist- but not low Cl(-)-induced hyperpolarizations. PD in CF mice hyperpolarized by 2.1 mV after low Cl(-) and was insensitive to CFTR activators or inhibitors. CONCLUSIONS: CFTR provides a major pathway for mouse ocular surface Cl(-) secretion, suggesting the application of CFTR activators as therapy for dry eye. Amiloride-sensitive Na(+) transporters facilitate Na(+) absorption. PD measurements provide a robust and reproducible means of assessing ocular surface ion transporting mechanisms.

CONTROLLED TERM: Amiloride: PD, pharmacology

Animals

Benzoic Acids: PD, pharmacology

*Chlorides: ME, metabolism *Conjunctiva: ME, metabolism *Cornea: ME, metabolism

Cystic Fibrosis Transmembrane Conductance Regulator: AI,

antagonists & inhibitors

*Cystic Fibrosis Transmembrane Conductance Regulator: PH,

physiology

Epithelial Cells: ME, metabolism

Forskolin: PD, pharmacology

Ion Transport

Membrane Potentials: DE, drug effects

Mice

Mice, Inbred CFTR

Mice, Mutant Strains

Research Support, Non-U.S. Gov't Research Support, U.S. Gov't, P.H.S.

Thiazoles: PD, pharmacology

CAS REGISTRY NO.: 126880-72-6 (Cystic Fibrosis Transmembrane Conductance

Regulator); 2609-46-3 (Amiloride); 66428-89-5 (Forskolin)

CHEMICAL NAME: 0 (3-((3-trifluoromethyl)phenyl)-5-((3-

carboxyphenyl)methylene)-2-thioxo4-thiazolidinone); 0 (Benzoic Acids); 0

(Chlorides); 0 (Thiazoles)

L136 ANSWER 15 OF 23 MEDLINE on STN ACCESSION NUMBER: 2004505131 MEDLINE

DOCUMENT NUMBER: PubMed ID: 15246976

TITLE: CFTR involvement in nasal potential differences in mice and

pigs studied using a thiazolidinone CFTR inhibitor.
Salinas Danieli B; Pedemonte Nicoletta; Muanprasat
Chatchai; Finkbeiner Walter F; Nielson Dennis W;

Verkman A S

CORPORATE SOURCE: Department of Medicine and Physiology, Cardiovascular

Research Institute, University of California, San

Francisco, California 94143, USA.

CONTRACT NUMBER: DK-35124 (NIDDK)

EB-00415 (NIBIB) EY-13574 (NEI) HL-59198 (NHLBI) HL-73856 (NHLBI)

SOURCE: American journal of physiology. Lung cellular and molecular

physiology, (2004 Nov) 287 (5) L936-43. Electronic

Publication: 2004-07-09.

Journal code: 100901229. ISSN: 1040-0605.

PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 200411

ENTRY DATE: Entered STN: 20041013

Last Updated on STN: 20041219 Entered Medline: 20041119

ABSTRACT:

AUTHOR:

Nasal potential difference (PD) measurements have been used to demonstrate defective CFTR function in cystic fibrosis (CF) and to evaluate potential CF therapies. We used the selective thiazolidinone CFTR inhibitor CFTR (inh)-172 to define the involvement of CFTR in nasal PD changes in mice and pigs. In normal mice infused intranasally with a physiological saline solution containing amiloride, nasal PD was -4.7 +/- 0.7 mV, hyperpolarizing by 15 +/- 1 mV after a low-Cl- solution, and a further 3.9 +/- 0.5 mV after forskolin. CFTR(inh)-172 produced 1.1 \pm 0.9- and 4.3 \pm 0.7-mV depolarizations when added after low C1- and forskolin, respectively. Systemically administered CFTR(inh)-172 reduced the forskolin-induced hyperpolarization from 4.7 +/- 0.4 to 0.9 +/- 0.1 mV but did not reduce the low Cl(-)-induced hyperpolarization. Nasal PD was -12 +/- 1 mV in CF mice after amiloride, changing by <0.5 mV after low Cl- or forskolin. In pigs, nasal PD was -14 +/- 3 mV after amiloride, hyperpolarizing by 13 +/- 2 mV after low Cl- and a further 9 +/- 1 mV after forskolin. CFTR(inh)-172 and glibenclamide did not affect nasal PD in pigs. Our results suggest that cAMP-dependent nasal PDs in mice primarily involve CFTR-mediated Cl- conductance, whereas cAMP-independent PDs are produced by a different, but CFTR-dependent, Cl- channel. In pigs, CFTR may not be responsible for Cl- channel-dependent nasal PDs. These results have important implications for interpreting nasal PDs in terms of CFTR function in animal

models of CFTR activation and inhibition. CONTROLLED TERM: Check Tags: Female; Male

4,4'-Diisothiocyanostilbene-2,2'-Disulfonic Acid: PD,

pharmacology

Amiloride: PD, pharmacology

Animals

*Benzoic Acids: PD, pharmacology

*Cystic Fibrosis Transmembrane Conductance Regulator: AI,

antagonists & inhibitors

Cystic Fibrosis Transmembrane Conductance Regulator: GE,

genetics

*Cystic Fibrosis Transmembrane Conductance Regulator: ME,

metabolism

Diuretics: PD, pharmacology Forskolin: PD, pharmacology Glyburide: PD, pharmacology

Hypoglycemic Agents: PD, pharmacology Membrane Potentials: DE, drug effects

Mice

Mice, Inbred CFTR

Nasal Mucosa: DE, drug effects *Nasal Mucosa: ME, metabolism Research Support, Non-U.S. Gov't Research Support, U.S. Gov't, P.H.S.

Sus scrofa

*Thiazoles: PD, pharmacology

CAS REGISTRY NO.: 10238-21-8 (Glyburide); 126880-72-6 (Cystic Fibrosis

Transmembrane Conductance Regulator); 2609-46-3

(Amiloride); 53005-05-3 (4,4'-Diisothiocyanostilbene-2,2'-

Disulfonic Acid); 66428-89-5 (Forskolin) 0 (3-((3-trifluoromethyl)phenyl)-5-((3-

carboxyphenyl) methylene) -2-thioxo-4-thiazolidinone); 0 (Benzoic Acids); 0

(Diuretics); 0 (Hypoglycemic Agents); 0 (Thiazoles)

L136 ANSWER 16 OF 23 MEDLINE on STN ACCESSION NUMBER: 2004220901 MEDLINE DOCUMENT NUMBER: PubMed ID: 15001557

A small molecule CFTR inhibitor produces cystic TITLE:

fibrosis-like submucosal gland fluid secretions in normal

airways.

Thiagarajah Jay R; Song Yuanlin; Haggie Peter M; AUTHOR:

Verkman A S

CORPORATE SOURCE: Department of Medicine, Cardiovascular Research Institute,

University of California, San Francisco, California, USA. FASEB journal : official publication of the Federation of American Societies for Experimental Biology, (2004 May) 18

(7) 875-7. Electronic Publication: 2004-03-04.

Journal code: 8804484. ISSN: 1530-6860.

PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

Priority Journals FILE SEGMENT:

ENTRY MONTH: 200409

ENTRY DATE: Entered STN: 20040505

> Last Updated on STN: 20040929 Entered Medline: 20040928

ABSTRACT:

SOURCE:

CHEMICAL NAME:

Airway submucosal glands have been proposed as a primary site for initiating and sustaining airway disease in cystic fibrosis (CF). However, it has been difficult to define the role of CFTR in gland fluid secretion because of concerns in interpreting experiments on diseased CF human airways subjected to chronic infection and inflammation. Here, we test the role of CFTR in gland fluid secretion by using a selective CFTR inhibitor (CFTRinh-172) in pig and human airways. Measurements of single-gland fluid secretion rates showed inhibition of both cholinergic and cAMP-stimulated fluid secretion by CFTRinh-172. Secreted fluid [Na+] and [Cl-] measured by fluorescence ratio imaging were 101 and 116 mM, respectively, and not significantly altered by secretory agonists or CFTR inhibition. Gland fluid pH was 7.1 and reduced by 0.4 units after CFTR inhibition. Gland fluid viscosity, determined by photobleaching of FITC-dextran, was threefold increased in pilocarpinestimulated gland fluid after CFTR inhibition, and protein concentration was increased from 12 to 20 mg/ml. Our data provide strong evidence that gland fluid secretion is CFTR-dependent. The relatively hyper-viscous and acidic fluid secretions produced by acute CFTR inhibition support a role for defective gland function in CF lung disease and provide a rational basis for pharmacological creation of a large animal model of CF.

CONTROLLED TERM: Animals

*Benzoic Acids: PD, pharmacology Body Fluids: CH, chemistry *Body Fluids: SE, secretion *Bronchi: DE, drug effects Bronchi: SE, secretion

Cells, Cultured: DE, drug effects Cells, Cultured: SE, secretion Chlorides: ME, metabolism

Cholinergic Agents: PD, pharmacology

Cyclic AMP: PH, physiology Cystic Fibrosis: PA, pathology *Cystic Fibrosis: PP, physiopathology

Cystic Fibrosis Transmembrane Conductance Regulator: AI, antagonists & inhibitors

*Cystic Fibrosis Transmembrane Conductance Regulator: DE, drug effects

Cystic Fibrosis Transmembrane Conductance Regulator: PH, physiology

*Exocrine Glands: DE, drug effects Exocrine Glands: SE, secretion Forskolin: PD, pharmacology Humans

Hydrogen-Ion Concentration Pilocarpine: PD, pharmacology

Second Messenger Systems: DE, drug effects

Sodium: ME, metabolism

Swine

Thapsigargin: PD, pharmacology *Thiazoles: PD, pharmacology

Viscosity

CAS REGISTRY NO.: 126880-72-6 (Cystic Fibrosis Transmembrane Conductance Regulator); 60-92-4 (Cyclic AMP); 66428-89-5 (Forskolin); 67526-95-8 (Thapsigargin); 7440-23-5 (Sodium); 92-13-7

(Pilocarpine)

CHEMICAL NAME: 0 (3-((3-trifluoromethyl)phenyl)-5-((3-carboxyphenyl)methylene)-2-thioxo-

4-thiazolidinone); 0 (Benzoic Acids); 0

(Chlorides); 0 (Cholinergic Agents); 0 (Thiazoles)

L136 ANSWER 17 OF 23 MEDLINE ON STN ACCESSION NUMBER: 92118790 MEDLINE DOCUMENT NUMBER: PubMed ID: 1310027

TITLE: Protein kinase A dependent membrane protein phosphorylation

and chloride conductance in endosomal vesicles from kidney

cortex.

AUTHOR: Reenstra W W; Sabolic I; Bae H R; Verkman A S CORPORATE SOURCE: Research Institute, Children's Hospital, Oakland,

California 94609.

CONTRACT NUMBER: DK35124 (NIDDK)

DK39354 (NIDDK) HL42368 (NHLBI)

SOURCE: Biochemistry, (1992 Jan 14) 31 (1) 175-81.

Journal code: 0370623. ISSN: 0006-2960.

PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 199202

ENTRY DATE: Entered STN: 19920315

Last Updated on STN: 19920315 Entered Medline: 19920225

ABSTRACT:

Regulation of Cl conductance by protein kinase A may play a role in control of endosomal acidification [Bae, H.-R., & Verkman, A. S. (1990) Nature, 348, 637-639]. To investigate the mechanism of kinase A action, cell-free measurements of Cl transport and membrane protein phosphorylation were carried out in apical endocytic vesicles from rabbit kidney proximal tubule. Cl transport was measured by a stopped-flow quenching assay in endosomes labeled in vivo with the fluorescent Cl indicator 6-methoxy-N-(3-sulfopropyl)quinolinium. Phosphorylation was studied in a purified endosomal preparation by SDS-PAGE and autoradiography of membrane proteins labeled by [gamma-32P]ATP. Endosomes had a permeability (PCl) for conductive Cl transport of 3.1 x 10(-8) cm/s at 23 degrees C which was stilbene inhibitable. PCl was increased by 90 +/- 20% by a 10-min preincubation with the catalytic subunit of kinase A (PKA, 10 units/mL) and MgATP (0.5 mM) with anion selectivity Cl greater than I greater than Br. The increase in PCl was blocked by 100 microM N-[2-(methylamino)ethyl]-5-isoquinolinesulfonamide (H-8)

and was reversed by addition of alkaline phosphatase (AP, 40 units/mL) after incubation with PKA and MgATP; the increase in PCl was not blocked by pretreatment with AP.(ABSTRACT TRUNCATED AT 250 WORDS)

CONTROLLED TERM: Check Tags: Comparative Study

Animals

Chloride Channels

*Chlorides: ME, metabolism

Enzyme Activation: DE, drug effects

Kidney Cortex: EN, enzymology
*Kidney Cortex: ME, metabolism

Kidney Tubules, Proximal: EN, enzymology

*Membrane Proteins: ME, metabolism

Molecular Weight

Phosphoproteins: AN, analysis

Phosphorylation

*Protein Kinases: ME, metabolism

Rabbits

Research Support, Non-U.S. Gov't Research Support, U.S. Gov't, P.H.S.

Stilbenes: PD, pharmacology

CHEMICAL NAME: 0 (Chloride Channels); 0 (Chlorides); 0 (Membrane

Proteins); 0 (Phosphoproteins); 0 (Stilbenes); EC 2.7.1.37

(Protein Kinases)

L136 ANSWER 18 OF 23 MEDLINE on STN

ACCESSION NUMBER: 91039283 MEDLINE DOCUMENT NUMBER: PubMed ID: 2172546

TITLE: Urea transport in freshly isolated and cultured cells from

rat inner medullary collecting duct.

AUTHOR: Zhang R B; Verkman A S

CORPORATE SOURCE: Department of Medicine, University of California, San

Francisco 94143-0532.

CONTRACT NUMBER: DK35124 (NIDDK)

DK39354 (NIDDK) HL42368 (NHLBI)

SOURCE: Journal of membrane biology, (1990 Sep) 117 (3) 253-61.

Journal code: 0211301. ISSN: 0022-2631.

PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 199012

ENTRY DATE: Entered STN: 19910208

Last Updated on STN: 19970203 Entered Medline: 19901211

ABSTRACT:

Regulation of urea transport by vasopressin in inner medullary collecting duct (IMCD) cells is thought to be important for the urinary concentrating mechanism. Isolated tubule perfusion studies suggest the existence of a saturable urea carrier. We have measured 14C-urea efflux in IMCD cells which were freshly isolated and grown in primary culture. Cells were isolated from rat papilla by collagenase digestion and hypotonic shock. In suspended cells, 14C-urea efflux (Jurea) from loaded cells was exponential with time constant 59 +/- 3 sec (SEM, n = 6, 23 degrees C). Jurea had an activation energy of 4.1 kcal/mole and was inhibited 42 +/- 7% by 0.25 mM phloretin and 30-40% by the high affinity urea analogues dimethylurea and phenylurea. Jurea was increased 40-60% by addition of vasopressin (10(-8) M) or 8-bromo-cAMP (1 mM); stimulated Jurea was inhibited 55 +/- 8% by the kinase A inhibitor H-8

. Phorbol esters and epidermal growth factor did not alter Jurea. IMCD cells grown in primary culture were homogeneous in appearance with greater than fivefold stimulation of cAMP by vasopressin. The exponential time constant for urea efflux was 610 +/- 20 sec (n=3). Jurea was not altered by vasopressin, cAMP or phloretin. Another function of in vivo IMCD cells, vasopressin-dependent formation of endosomes containing water channels, was absent in the cultured cells. These results demonstrate presence of a urea transporter on suspended IMCD cells which is activated by cAMP and inhibited by phloretin and urea analogues. The urea transporter and its regulation by cAMP, and cAMP-dependent apical membrane endocytosis, are lost after growth in primary culture.

CONTROLLED TERM: Check Tags: Female

Animals

Biological Transport Cells, Cultured

Cyclic AMP: ME, metabolism Kidney Medulla: CY, cytology *Kidney Medulla: ME, metabolism

Kinetics Osmosis Rats

Rats, Inbred Strains

Research Support, Non-U.S. Gov't Research Support, U.S. Gov't, P.H.S.

*Urea: ME, metabolism

Vasopressins: PD, pharmacology

CAS REGISTRY NO.: 11000-17-2 (Vasopressins); 57-13-6 (Urea); 60-92-4 (Cyclic

AMP)

L136 ANSWER 19 OF 23 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights

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ACCESSION NUMBER: 2003470274 EMBASE

TITLE: Sodium and Chloride Concentrations, pH, and Depth of Airway

Surface Liquid in Distal Airways.

AUTHOR: Song Y.; Thiagarajah J.; Verkman A.S.

CORPORATE SOURCE: A.S. Verkman, 1246 Health Sciences East Tower,

Cardiovascular Research Institute, University of

California, San Francisco, CA 94143-0521, United States.

verkman@itsa.ucsf.edu

SOURCE: Journal of General Physiology, (2003) Vol. 122, No. 5, pp.

511-519. . Refs: 28

ISSN: 0022-1295 CODEN: JGPLAD

COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 002 Physiology

LANGUAGE: English SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 20031211

Last Updated on STN: 20031211

ABSTRACT: The composition and depth of the airway surface liquid (ASL) are key parameters in airway physiology that are thought to be important in the pathophysiology of cystic fibrosis and other diseases of the airways. We reported novel fluorescent indicator and microscopy methods to measure [Na (+)], [Cl(-)], pH, and depth of the ASL in large airways (Jayaraman, S., Y. Song, L. Vetrivel, L. Shankar, and A.S. Verkman. 2001. J. Clin. 107:317-324.). Here we report a stripped-lung preparation to measure ASL composition and depth in small distal airways. Distal ASL was stained with ion- or pH-sensitive fluorescent indicators by infusion into mouse trachea of a perfluorocarbon suspension of the indicator. After stripping the pleura and limited microdissection of the lung parenchyma, airways were exposed for measurement of ASL [Na(+)], [Cl(-)], and pH by ratio imaging microscopy, and depth by confocal microscopy. The stripped-lung preparation was validated in stability and tissue viability studies. ASL [Na(+)] was 122 \pm 2 nM, was 123 \pm 4 mM and pH was 7.28 \pm 0.07, and not dependent on airway size (<100- to >250-µm diameter), ENaC inhibition by amiloride, or CFTR inhibition by the thiazolidinone CFTPr(inh)-172. ASL depth was 8-35 µm depending on airway size, substantially less than that in mouse trachea of .apprx.55 µm, and not altered significantly by amiloride. These results establish a novel lung preparation and fluorescence approach to study distal airway physiology and provide the first data on the composition and depth of distal ASL.

CONTROLLED TERM: Medical Descriptors:

*airway *pH *liquid

*airway surface liquid

bronchiole

fluorescence microscopy chemical composition

cystic fibrosis: ET, etiology

respiratory tract disease: ET, etiology

lung imaging

ratio imaging

confocal microscopy

sodium channel

chloride channel

nonhuman mouse

animal tissue adolescent article

Drug Descriptors:

*sodium
*chloride
indicator
fluorocarbon
amiloride

2,4 thiazolidinedione

CAS REGISTRY NO.: (sodium) 7440-23-5; (chloride) 16887-00-6; (fluorocarbon)

11072-16-5; (amiloride) 2016-88-8, 2609-46-3; (2,

4 thiazolidinedione) 2295-31-0

L136 ANSWER 20 OF 23 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights

reserved on STN

ACCESSION NUMBER: 2003246756 EMBASE

TITLE: CFTR activation in human bronchial epithelial

cells by novel benzoflavone and benzimidazolone compounds.

AUTHOR: Caci E.; Folli C.; Zegarra-Moran O.; Ma T.;

Springsteel M.F.; Sammelson R.E.; Nantz M.H.; Kurth M.J.;

Verkman A.S.; Galietta L.J.V.

CORPORATE SOURCE: L.J.V. Galietta, Laboratorio di Genetica Molecolare,

Istituto Giannina Gaslini, L.go Gerolamo Gaslini, 5, 16148

Genova, Italy. galietta@unige.it

SOURCE: American Journal of Physiology - Lung Cellular and

Molecular Physiology, (1 Jul 2003) Vol. 285, No. 1 29-1,

pp. L180-L188. .

Refs: 29

ISSN: 1040-0605 CODEN: APLPE7

COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 002 Physiology

029 Clinical Biochemistry 037 Drug Literature Index

LANGUAGE: English SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 20030710

Last Updated on STN: 20030710

ABSTRACT: Activators of the CFTR Cl(-) channel may be useful for therapy of cystic fibrosis. Short-circuit current (I(sc)) measurements were done on human bronchial epithelial cells to characterize the best flavone and benzimidazolone CFTR activators identified by lead-based combinatorial synthesis and high-throughput screening. 7,8-benzoflavone UCCF-029 was a potent activator of Cl(-) transport, with activating potency (<1 \mu M) being much better than other flavones, such as The benzimidazolone UCCF-853 gave similar I(sc) but with lower potency (5-20 μM). In combination, the effect induced by maximal UCCF-029 and UCCF-853 was 50-80% greater than that of either compound alone. The apparent activating potencies (K(d)) of UCCF-029, UCCF-853, and apigenin increased strongly with increasing basal CFTR activity: for example, K(d) for activation by UCCF-029 decreased from >5 to <0.4 μM with increasing basal I(sc) from .apprx.4 μ A/cm(2) to .apprx.12 μ A/cm(2). This dependence was confirmed in permeabilized Fischer rat thyroid cells stably expressing CFTR. Our results demonstrate efficacy of novel ***CFTR*** activators in bronchial epithelia and provide evidence that activating potency depends on basal CFTR activity.

```
CONTROLLED TERM:
                   Medical Descriptors:
                      *cystic fibrosis
                    *respiratory epithelium
                    *chloride transport
                    signal transduction
                    concentration response
                    drug screening
                    drug potency
                    human
                    nonhuman
                    rat
                    controlled study
                    human cell
                    animal cell
                    article
                    priority journal
                    Drug Descriptors:
                    *transmembrane conductance regulator: EC, endogenous
                    compound
                    *benzoflavone derivative: AN, drug analysis
                    *benzoflavone derivative: CM, drug comparison
                    *benzoflavone derivative: DV, drug development
                    *benzoflavone derivative: PD, pharmacology
                    *benzimidazolone derivative: AN, drug analysis
                    *benzimidazolone derivative: CM, drug comparison
                    *benzimidazolone derivative: DV, drug development
                    *benzimidazolone derivative: PD, pharmacology
                    *benzimidazole derivative: AN, drug analysis
                    *benzimidazole derivative: CM, drug comparison
                    *benzimidazole derivative: DV, drug development
                    *benzimidazole derivative: PD, pharmacology
                    chloride ion: EC, endogenous compound
                    forskolin: CM, drug comparison
                    forskolin: PD, pharmacology
                    glibenclamide: CM, drug comparison
                    glibenclamide: PD, pharmacology
                    8 (4 chlorophenylthio) cyclic AMP: CM, drug comparison
                    8 (4 chlorophenylthio) cyclic AMP: PD, pharmacology
                    apigenin: CM, drug comparison
                    apigenin: PD, pharmacology
                    2 (4 pyridyl)benzo[h] 4h chromen 4 one: AN, drug analysis
                    2 (4 pyridyl)benzo[h] 4h chromen 4 one: CM, drug comparison
                    2 (4 pyridyl)benzo[h] 4h chromen 4 one: DV, drug
                    development
                    2 (4 pyridyl)benzo[h] 4h chromen 4 one: PD, pharmacology
                    1 (3 chlorophenyl) 5 trifluoromethyl 3 hydrobenzamidazol 2
                    one: AN, drug analysis
                    1 (3 chlorophenyl) 5 trifluoromethyl 3 hydrobenzamidazol 2
                    one: CM, drug comparison
                    1 (3 chlorophenyl) 5 trifluoromethyl 3 hydrobenzamidazol 2
                    one: DV, drug development
                    1 (3 chlorophenyl) 5 trifluoromethyl 3 hydrobenzamidazol 2
                    one: PD, pharmacology
                    1 (5 chloro 2 hydroxyphenyl) 5 trifluoromethyl 2
                    benzimidazolone
                    unclassified drug
                    uccf 853
                    uccf 029
CAS REGISTRY NO.:
                    (forskolin) 66575-29-9; (glibenclamide) 10238-21-8; (8 (4
```

chlorophenylthio) cyclic AMP) 41941-66-6; (apigenin)

520-36-5; (1 (5 chloro 2 hydroxyphenyl) 5 trifluoromethyl 2

benzimidazolone) 141797-92-4

CHEMICAL NAME: Ns 004; Uccf 853; Uccf 029

L136 ANSWER 21 OF 23 USPATFULL on STN

ACCESSION NUMBER: 2005:275177 USPATFULL

TITLE: Hydrazide-containing CFTR inhibitor compounds

and uses thereof

INVENTOR(S): Verkman, Alan, San Francisco, CA, UNITED

STATES

Sonawane, Nitin Dattatraya, San Francisco, CA, UNITED

STATES

Muanprasat, Chatchai, Nakhonpathom, THAILAND

NUMBER DATE

PRIORITY INFORMATION: US 2004-557930P 20040330 (60)

DOCUMENT TYPE: Utility
FILE SEGMENT: APPLICATION

LEGAL REPRESENTATIVE: BOZICEVIC, FIELD & FRANCIS LLP, 1900 UNIVERSITY AVENUE,

SUITE 200, EAST PALO ALTO, CA, 94303, US

NUMBER OF CLAIMS: 55 EXEMPLARY CLAIM: 1

NUMBER OF DRAWINGS: 18 Drawing Page(s)

LINE COUNT: 3043

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

The invention provides compositions, pharmaceutical preparations and methods for inhibition of cystic fibrosis transmembrane conductance regulator protein (CFTR) that are useful for the study and treatment of CFTR-mediated diseases and conditions. The compositions and pharmaceutical preparations of the invention may comprise one or more hydrazide-containing compounds, and may additionally comprise one or more pharmaceutically acceptable carriers, excipients and/or adjuvants. The methods of the invention comprise, in certain embodiments, administering to a patient suffering from a CFTR-mediated disease or condition, an efficacious amount of a hydrazide-containing compound. In other embodiments the invention provides methods of inhibiting CFTR that comprise contacting cells in a subject with an effective amount of a hydrazide-containing compound. In addition, the invention features a non-human animal model of CFTR-mediated disease which model is produced by administration of a hydrazide-containing compound to a non-human animal in an amount sufficient to inhibit CFTR.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L136 ANSWER 22 OF 23 USPATFULL on STN

ACCESSION NUMBER: 2004:299931 USPATFULL

TITLE: Cystic fibrosis transmembrane

conductance regulator protein inhibitors and uses

thereof

INVENTOR(S): Verkman, Alan, San Francisco, CA, UNITED

STATES

Ma, Tonghui, San Francisco, CA, UNITED STATES

NUMBER DATE

PRIORITY INFORMATION: US 2002-509049P 20020930 (60) US 2003-480253P 20030620 (60)

DOCUMENT TYPE: Utility FILE SEGMENT: APPLICATION

LEGAL REPRESENTATIVE: BOZICEVIC, FIELD & FRANCIS LLP, 1900 UNIVERSITY AVE,

SUITE 200, EAST PALO ALTO, CA, 94303

NUMBER OF CLAIMS: 64 EXEMPLARY CLAIM: 1

NUMBER OF DRAWINGS: 14 Drawing Page(s) LINE COUNT: 2476

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

The invention provides compositions, pharmaceutical preparations and methods for inhibition of cystic fibrosis transmembrane conductance regulator protein (CFTR) that are useful for the study and treatment of CFTR-mediated diseases and conditions. The compositions and pharmaceutical preparations of the invention may comprise one or more thiazolidinone compounds, and may additionally comprise one or more pharmaceutically acceptable carriers, excipients and/or adjuvants. The methods of the invention comprise, in certain embodiments, administering to a patient suffering from a CFTR-mediated disease or condition, an efficacious amount of a thiazolidinone compound. In other embodiments the invention provides methods of inhibiting CFTR that comprise contacting cells in a subject with an effective amount of a thiazolidinone compound. In addition, the invention features a non-human animal model of CFTR-mediated disease which model is produced by administration of a thiazolidinone compound to a non-human animal in an amount

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

sufficient to inhibit CFTR.

IT 292174-08-4, 3-[(3-Trifluoromethyl)phenyl]-5-[(3-bromo-4-hydroxy5-nitrophenyl)methylene]-2-thioxo-4-thiazolidinone 301308-44-1,
3-[(3-Trifluoromethyl)phenyl]-5-[(4-nitrophenyl)methylene]-2-thioxo-4thiazolidinone 303056-54-4 307510-92-5,
3-[(3-Trifluoromethyl)phenyl]-5-[(4-carboxyphenyl)methylene]-2-thioxo-4thiazolidinone 328250-71-1, 3-[(3-Trifluoromethyl)phenyl]-5[(3,5-dibromo-4-hydroxyphenyl)methylene]-2-thioxo-4-thiazolidinone
535962-72-2, 3-[(3-Trifluoromethyl)phenyl]-5-[(4carboxyoxyphenyl)methylene]-2-thioxo-4-thiazolidinone
(thiazolidinone compound CFTR inhibitors, uses, and animal model of
CFTR-mediated disease)

RN 292174-08-4 USPATFULL

4-Thiazolidinone, 5-[(3-bromo-4-hydroxy-5-nitrophenyl)methylene]-2-thioxo-3-[3-(trifluoromethyl)phenyl]- (9CI) (CA INDEX NAME)

RN 328250-71-1 USPATFULL CN 4-Thiazolidinone, 5-[(3,5-dibromo-4-hydroxyphenyl)methylene]-2-thioxo-3-[3-(trifluoromethyl)phenyl]- (9CI) (CA INDEX NAME)

IT 292174-03-9 671247-72-6 671247-73-7

(thiazolidinone compound CFTR inhibitors, uses, and animal model of CFTR-mediated disease)

RN 292174-03-9 USPATFULL

CN 4-Thiazolidinone, 5-(phenylmethylene)-2-thioxo-3-[3-(trifluoromethyl)phenyl]- (9CI) (CA INDEX NAME)

RN 671247-72-6 USPATFULL

CN 4-Thiazolidinone, 5-(phenylmethylene)-2-thioxo-3-[2-(trifluoromethyl)phenyl]- (9CI) (CA INDEX NAME)

RN 671247-73-7 USPATFULL

CN 4-Thiazolidinone, 5-(phenylmethylene)-2-thioxo-3-[4-(trifluoromethyl)phenyl]- (9CI) (CA INDEX NAME)

L136 ANSWER 23 OF 23 USPATFULL on STN

ACCESSION NUMBER: 2001:36963 USPATFULL TITLE: Halide indicators

INVENTOR(S): Verkman, Alan S., San Francisco, CA, United

States

Biwersi, Joachim, San Francisco, CA, United States Jayaraman, Sujatha, San Francisco, CA, United States The Regents of the University of California, Oakland,

PATENT ASSIGNEE(S): The Regents of the University of Cal CA, United States (U.S. corporation)

NUMBER KIND DATE

PATENT INFORMATION: US 6201116 B1 20010313 APPLICATION INFO.: US 1999-277354 19990326 (9)

DOCUMENT TYPE: Utility FILE SEGMENT: Granted

PRIMARY EXAMINER: Lee, Howard C.

LEGAL REPRESENTATIVE: Osman, Richard Aron

NUMBER OF CLAIMS: 30 EXEMPLARY CLAIM: 1 LINE COUNT: 1508

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

The invention provides methods and compositions for measuring ion concentration inside a cell by measuring fluorescence of a compound of the general formula I. In particular embodiments, the measured ion is halide, particularly iodide, the cell contains a functional anion transport protein or channel, the method measures a change in fluorescence as a function of a predetermined condition such as the presence of a predetermined amount of a candidate modulator of ion transport in the cell (e.g. for drug screening) or the expression by the cell of a transgene (e.g. to assess the efficacy of gene therapy).

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

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NARROW STRUCTURE/ TEXT

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SEARCH

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FILE COVERS 1907 - 16 Feb 2006 VOL 144 ISS 8 FILE LAST UPDATED: 15 Feb 2006 (20060215/ED)

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'OBI' IS DEFAULT SEARCH FIELD FOR 'CAPLUS' FILE

=> d que nos L39

L7 STR
L9 101796 SEA FILE=REGISTRY SSS FUL L7
L35 STR
L38 2 SEA FILE=REGISTRY SUB=L9 FAM FUL L35
L39 9 SEA FILE=CAPLUS ABB=ON PLU=ON L38)

=> d que nos L40

L7		TR
L9	101796	EA FILE=REGISTRY SSS FUL L7
L11	10928	EA FILE=CAPLUS ABB=ON PLU=ON CYSTIC?/OBI
L12	20440	EA FILE=CAPLUS ABB=ON PLU=ON ?CYSTIC?/BI
L14	4392	EA FILE=CAPLUS ABB=ON PLU=ON CFTR?/BI
L18	504	EA FILE=CAPLUS ABB=ON PLU=ON ?FIBROCYSTIC?/BI
L19	1	EA FILE=CAPLUS ABB=ON PLU=ON (?FIBRO CYSTIC?)/BI
L20	11128	EA FILE=CAPLUS ABB=ON PLU=ON (?CYSTIC FIBRO?)/BI
L23	10507	EA FILE=CAPLUS ABB=ON PLU=ON ION TRANSPORT/OBI
L35		TR
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L39	9	EA FILE=CAPLUS ABB=ON PLU=ON L38
[I34 0		EA FILE=CAPLUS ABB=ON PLU=ON L39 AND (L11 OR L12 OR L14 OR
Le .	·	E18**OR L1'9**OR**1E2'0')***OR**1E2'3*)**
L38	2 9 9	EA FILE=REGISTRY SUB=L9 FAM FUL L35 EA FILE=CAPLUS ABB=ON PLU=ON L38 EA FILE=CAPLUS ABB=ON PLU=ON L39 AND (L11 OR L12 OR L14 OR)

=> s (L39-L40) not L131

L137 3 ((L39 OR L40)) NOT (L13) punted with outher search

=> file medline

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FILE MEDLINE ENTERED AT 12:45:39 ON 16 FEB 2006
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FILE LAST UPDATED: 15 FEB 2006 (20060215/UP). FILE COVERS 1950 TO DATE.

On December 11, 2005, the 2006 MeSH terms were loaded.

The MEDLINE reload for 2006 will soon be available. For details on the 2005 reload, enter HELP RLOAD at an arrow promt (=>). See also:

http://www.nlm.nih.gov/mesh/

http://www.nlm.nih.gov/pubs/techbull/nd04/nd04 mesh.html

http://www.nlm.nih.gov/pubs/techbull/nd05/nd05_med_data_changes.html

http://www.nlm.nih.gov/pubs/techbull/nd05/nd05 2006 MeSH.html

OLDMEDLINE is covered back to 1950.

MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the MeSH 2006 vocabulary.

This file contains CAS Registry Numbers for easy and accurate

=> d que nos L55

L7 STR

L9 101796 SEA FILE=REGISTRY SSS FUL L7

L35 STR

L38 2 SEA FILE=REGISTRY SUB=L9 FAM FUL L35

L54 SEL PLU=ON L38 1- CHEM: 4 TERMS

L55 1 SEA FILE=MEDLINE ABB=ON PLU=ON L54

=> s L55 not L132

L138 0 L55 NOT (L132) punted with author search

=> file embase

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FILE COVERS 1974 TO 9 Feb 2006 (20060209/ED)

EMBASE has been reloaded. Enter HELP RLOAD for details.

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=> d que nos L85

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L7
                STR
L9
         101796 SEA FILE=REGISTRY SSS FUL L7
L35
                STR
L38
              2 SEA FILE=REGISTRY SUB=L9 FAM FUL L35
L73
          53696 SEA FILE=EMBASE ABB=ON PLU=ON CYSTIC?
           1353 SEA FILE=EMBASE ABB=ON PLU=ON
L74
                                                (FIBROCYSTIC? OR (FIBRO
                CYST?))
              6 SEA FILE=EMBASE ABB=ON PLU=ON MUCOVISCOID?
L75
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3377 SEA FILE=EMBASE ABB=ON PLU=ON CFTR?
L76
                SEL PLU=ON L38 1- CHEM :
                                                   4 TERMS
L82
L83
               2 SEA FILE=EMBASE ABB=ON PLU=ON
                                                  L82
               2 SEA FILE=EMBASE ABB=ON
                                                  (L38 OR L83 )
L84
                                         PLU=ON
               2 SEA FILLE-EMBASE ABBEON PHUEON
                                                 1634 AND ((1673 OR 1674 OR 1675 OR
টেওছ
                L76)))
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=> s L85 not L133

L129 1 L85 NOT L133

- punhed with author reach

=> file biosis

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FILE COVERS 1969 TO DATE. CAS REGISTRY NUMBERS AND CHEMICAL NAMES (CNs) PRESENT FROM JANUARY 1969 TO DATE.

RECORDS LAST ADDED: 15 February 2006 (20060215/ED)

=> d que nos L110

T.7 STR 101796 SEA FILE=REGISTRY SSS FUL L7 L9 STR L35 2 SEA FILE=REGISTRY SUB=L9 FAM FUL L35 L38 SEL PLU=ON L38 1- CHEM: 4 TERMS L108 2 SEA FILE=BIOSIS ABB=ON PLU=ON L108 L109 2 SEA FILLEBIOSIS ABBON (1638 OR 16109 <u>17110</u> PLUEON

=> s L110 not L134



NOT (1534) printed with author rearch

=> file uspatfull

FILE OUSPATFULLO CENTERED AT 12:45:47 ON 16 FEB 2006
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FILE COVERS 1971 TO PATENT PUBLICATION DATE: 16 Feb 2006 (20060216/PD)
FILE LAST UPDATED: 16 Feb 2006 (20060216/ED)
HIGHEST GRANTED PATENT NUMBER: US7000250
HIGHEST APPLICATION PUBLICATION NUMBER: US2006037120
CA INDEXING IS CURRENT THROUGH 14 Feb 2006 (20060214/UPCA)
ISSUE CLASS FIELDS (/INCL) CURRENT THROUGH: 16 Feb 2006 (20060216/PD)
REVISED CLASS FIELDS (/NCL) LAST RELOADED: Dec 2005
USPTO MANUAL OF CLASSIFICATIONS THESAURUS ISSUE DATE: Dec 2005

=> d que nos L122

L7 STR
L9 101796 SEA FILE=REGISTRY SSS FUL L7
L35 STR
L38 2 SEA FILE=REGISTRY SUB=L9 FAM FUL L35

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L112
             2 SEA FILE=USPATFULL ABB=ON PLU=ON L38
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                                         PLU=ON CYSTIC FIBR?
L116
          1108 SEA FILE-USPATFULL ABB=ON PLU=ON FIBROCYSTIC? OR (FIBRO
L117
               CYSTIC?)
          3284 SEA FILE-USPATFULL ABB=ON PLU=ON CFTR?
L118
               SEL PLU=ON L38 1- CHEM:
                                              4 TERMS
L120
L121
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             3 SEA FILE=USPATFULL ABB=ON PLU=ON (L112 OR L121) AND (L116 OR
L122
               E117 OR L118)
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=> s L122 not L135

1 L122 NOT (L135) pured with author search

=> => tap rem L137 L139 L140 L141 . FILE 'CAPLUS' ENTERED AT 12:47:01 ON 16 FEB 2006 USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT. PLEASE SEE "HELP USAGETERMS" FOR DETAILS. COPYRIGHT (C) 2006 AMERICAN CHEMICAL SOCIETY (ACS)

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PROCESSING COMPLETED FOR L137 PROCESSING COMPLETED FOR L139 PROCESSING COMPLETED FOR L140 PROCESSING COMPLETED FOR L141

5 DUP REM L137 L139 L140 L141 (2 DUPLICATES REMOVED) L142

ANSWERS '1-3' FROM FILE CAPLUS ANSWER '4' FROM FILE BIOSIS ANSWER 5 PROM FILE USPATFULL

=> d ibib abs hitind hitstr L142 1-3; d iall L142 4; d ibib abs kwic hitstr L142 5

L142 ANSWER 1 OF 5 CAPLUS COPYRIGHT 2006 ACS on STN DUPLICATE 1

ACCESSION NUMBER: 2004:671764 CAPLUS

DOCUMENT NUMBER: 141:222260

TITLE: Effects of a new cystic fibrosis

transmembrane conductance regulator inhibitor on Cl-

conductance in human sweat ducts

Wang, X. F.; Reddy, M. M.; Quinton, P. M. AUTHOR(S):

CORPORATE SOURCE: Department of Pediatrics, University of California San

Diego, La Jolla, CA, 92093-0831, USA

Experimental Physiology (2004), 89(4), 417-425 SOURCE:

CODEN: EXPHEZ; ISSN: 0958-0670

Blackwell Publishing Ltd. PUBLISHER:

DOCUMENT TYPE: Journal English LANGUAGE:

Effective and specific inhibition of the cystic fibrosis AΒ transmembrane conductance regulator (CFTR) Cl- channel in epithelia has long been needed to better understand the role of anion movements in fluid and electrolyte transport. Until now, available inhibitors have required high concns., usually in the millimolar or high micromolar range, to effect even an incomplete block of channel

conductance. These inhibitors, including 5-nitro-2(3-phenylpropylamino) benzoate (NPPB), bumetamide, glibenclamide and DIDS, are also relatively non-specific. Recently a new anion channel inhibitor, a thiazolidinone derivative, termed CFTRInh-172 has been synthesized and introduced with apparently improved inhibitory properties as shown by effects on anion conductance expressed in cell lines and on secretion in vivo. Here, we assay the effect of this inhibitor on a purely salt absorbing native epithelial tissue, the freshly isolated microperfused human sweat duct, known for its inherently high expression of CFTR

. We found that the inhibitor at a maximum dose limited by its aqueous solubility of

 $5~\mu m$ partially blocked $\,$ CFTR when applied to either surface of the membrane; however, it may be somewhat more effective from the cytosolic side (.apprx.70% inhibition). It may also partially inhibit Na+conductance. The inhibition was relatively slow, with a half time for maximum effect of about 3 min, and showed very slow reversibility. Results also suggest that CFTR Cl- conductance (GCl) was blocked in both apical and basal membranes. The inhibitor appears to exert some effect on Na+ transport as well.

- CC 13-2 (Mammalian Biochemistry)
 Section cross-reference(s): 6
- ST CFTR inhibitor CFTRInh172 chloride conductance sweat duct

- IT Human

 (effects of new cystic fibrosis transmembrane

 conductance regulator inhibitor on Cl- conductance in human sweat

 ducts)
- IT CFTR (cystic fibrosis transmembrane conductance regulator)
 - RL: BSU (Biological study, unclassified); BIOL (Biological study) (effects of new cystic fibrosis transmembrane conductance regulator inhibitor on Cl- conductance in human sweat ducts)

human sweat ducts)

307510-92-5, 3-[(3-Trifluoromethyl)phenyl]-5-[(4-IT carboxyphenyl) methylene] -2-thioxo-4-thiazolidinone

RL: BSU (Biological study, unclassified); BIOL (Biological study)

(CFTRInh-172; effects of new cystic

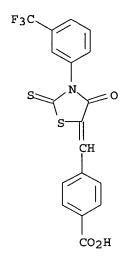
fibrosis transmembrane conductance regulator inhibitor on Cl-

conductance in human sweat ducts)

307510-92-5 CAPLUS RN

Benzoic acid, 4-[[4-oxo-2-thioxo-3-[3-(trifluoromethyl)phenyl]-5-CN

thiazolidinylidene]methyl] - (9CI) (CA INDEX NAME)



PUBLISHER:

REFERENCE COUNT: 26 THERE ARE 26 CITED REFERENCES AVAILABLE FOR THIS

RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L142 ANSWER 2 OF 5 CAPLUS COPYRIGHT 2006 ACS on STN

ACCESSION NUMBER: 2005:1134223 CAPLUS

DOCUMENT NUMBER: 144:396

A novel small molecule CFTR inhibitor TITLE:

attenuates HCO3- secretion and duodenal ulcer

formation in rats

Akiba, Yasutada; Jung, Michael; Ouk, Samedy; Kaunitz, AUTHOR (S):

Jonathan D.

Department of Medicine, School of Medicine, University CORPORATE SOURCE:

of California, Los Angeles, CA, USA

SOURCE: American Journal of Physiology (2005), 289(4, Pt. 1),

G753-G759

CODEN: AJPHAP; ISSN: 0002-9513 American Physiological Society

DOCUMENT TYPE: Journal

LANGUAGE: English

The cystic fibrosis (CF) transmembrane conductance regulator (CFTR) plays a crucial role in mediating duodenal bicarbonate (HCO3-) secretion (DBS). Although impaired DBS is observed in CF mutant mice and in CF patients, which would predict increased ulcer susceptibility, duodenal injury is rarely observed in CF patients and is reduced in CF mutant mice. To explain this apparent paradox, we hypothesized that CFTR dysfunction increases cellular [HCO3-] and buffering power. To further test this hypothesis, we examined the effect of a novel, potent, and highly selective CFTR inhibitor, CFTRinh-172, on DBS and duodenal ulceration in rats. DBS was

```
measured in situ using a standard loop perfusion model with a pH stat under
isoflurane anesthesia. Duodenal ulcers were induced in rats by cysteamine
with or without CFTRinh-172 pretreatment 1 h before cysteamine.
Superfusion of CFTRinh-172 (0.1-10 \mu M) over the duodenal
mucosa had no effect on basal DBS but at 10 \mu M inhibited acid-induced
DBS, suggesting that its effect was limited to CFTR activation.
Acid-induced DBS was abolished at 1 and 3 h and was reduced 24 h after
treatment with CFTRinh-172, although basal DBS was increased at
24 h. CFTRinh-172 treatment had no effect on gastric acid or
HCO3- secretion. Duodenal ulcers were observed 24 h after cysteamine
treatment but were reduced in CFTRinh-172-pretreated rats.
CFTRinh-172 acutely produces CFTR dysfunction in rodents
for up to 24 h. CFTR inhibition reduces acid-induced DBS but
also prevents duodenal ulcer formation, supporting our hypothesis that
intracellular HCO3- may be an important protective mechanism for duodenal
epithelial cells.
1-9 (Pharmacology)
Section cross-reference(s): 13, 14
thiazolidinone CFTRinh172 CFTR inhibitor bicarbonate
secretion duodenal ulcer
Epithelium
Ulcer
   (duodenal; novel small mol. CFTR inhibitor attenuates
   bicarbonate secretion and duodenal ulcer formation in rats)
   (duodenum, epithelium; novel small mol. CFTR inhibitor
   attenuates bicarbonate secretion and duodenal ulcer formation in rats)
Intestine, disease
   (duodenum, ulcer; novel small mol. CFTR inhibitor attenuates
   bicarbonate secretion and duodenal ulcer formation in rats)
Secretion (process)
   (novel small mol. CFTR inhibitor attenuates bicarbonate
   secretion and duodenal ulcer formation in rats)
CFTR (cystic fibrosis transmembrane
  conductance regulator)
RL: BSU (Biological study, unclassified); BIOL (Biological study)
   (novel small mol. CFTR inhibitor attenuates bicarbonate
   secretion and duodenal ulcer formation in rats)
307510-92-5, 3-[(3-Trifluoromethyl)phenyl]-5-[(4-
carboxyphenyl) methylene] -2-thioxo-4-thiazolidinone
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL
(Biological study); USES (Uses)
   (CFTRh-172; novel small mol. CFTR inhibitor
   attenuates bicarbonate secretion and duodenal ulcer formation in rats)
71-52-3, Bicarbonate, biological studies
RL: BSU (Biological study, unclassified); BIOL (Biological study)
   (novel small mol. CFTR inhibitor attenuates bicarbonate
   secretion and duodenal ulcer formation in rats)
307510-92-5, 3-[(3-Trifluoromethyl)phenyl]-5-[(4-
carboxyphenyl) methylene] -2-thioxo-4-thiazolidinone
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL
(Biological study); USES (Uses)
   (CFTRh-172; novel small mol. CFTR inhibitor
   attenuates bicarbonate secretion and duodenal ulcer formation in rats)
307510-92-5 CAPLUS
Benzoic acid, 4-[[4-oxo-2-thioxo-3-[3-(trifluoromethyl)phenyl]-5-
thiazolidinylidene]methyl] - (9CI) (CA INDEX NAME)
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REFERENCE COUNT: 52 THERE ARE 52 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L142 ANSWER 3 OF 5 CAPLUS COPYRIGHT 2006 ACS on STN

ACCESSION NUMBER: 2005:108287 CAPLUS

DOCUMENT NUMBER: 143:191261

TITLE: Predominant constitutive CFTR conductance in

small airways

AUTHOR(S): Wang, Xiaofei; Lytle, Christian; Quinton, Paul M. CORPORATE SOURCE: Dept. Prediatrics, Med. Sch., Univ. California, San

Diego, San Diego, CA, USA

SOURCE: Respiratory Research (2005), 6(1), No pp. given

CODEN: RREEBZ; ISSN: 1465-993X

URL: http://respiratory-research.com/content/pdf/1465-

9921-6-7.pdf

PUBLISHER: BioMed Central Ltd.

DOCUMENT TYPE: Journal; (online computer file)

LANGUAGE: English

Background: The pathol. hallmarks of chronic obstructive pulmonary disease (COPD) are inflammation of the small airways (bronchiolitis) and destruction of lung parenchyma (emphysema). These forms of disease arise from chronic prolonged infections, which are usually never present in the normal lunq. Despite the fact that primary hygiene and defense of the airways presumably requires a well controlled fluid environment on the surface of the bronchiolar airway, very little is know of the fluid and electrolyte transport properties of airways of less than a few mm diameter Methods: We introduce a novel approach to examine some of these properties in a preparation of minimally traumatized porcine bronchioles of about 1 mm diameter by microperfusing the intact bronchiole. Results: In bilateral isotonic NaCl Ringer solns., the spontaneous transepithelial potential (TEP; lumen to bath) of the bronchiole was small (mean+sem: -3± mV; n=25), but when gluconate replaced luminal C1- the bionic C1- diffusion potentials (-58±3 mV; n=25) were as large as -90 mV. TEP diffusion potentials from 2:1 NaCl dilution showed that epithelial Cl- permeability was at least 5 times greater than Na+ permeability. The anion selectivity sequence was similar to that of CFTR. The bionic TEP became more electroneg. with stimulation by luminal forskolin (5 μM)+IBMX (100 μM), ATP (100 μM), or adenosine (100 μM), but not by ionomycin. The TEP was partially inhibited by NPPB (100 μM), GlyH-101* (5-50 μM), and CFTRInh-172* (5 μM). RT-PCR gave identifying

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307510-92-5 CAPLUS

products for CFTR, α -, β -, and γ -ENaC and NKCCl. Antibodies to CFTR localized specifically to the epithelial cells lining the lumen of the small airways. Conclusion: These results indicate that the small airway of the pig is characterized by a constitutively active Cl- conductance that is most likely due to CFTR. 14-4 (Mammalian Pathological Biochemistry) gluconate amiloride forskolin IBMX cystic fibrosis transmembrane conductance regulator Sodium channel RL: BSU (Biological study, unclassified); BIOL (Biological study) (SCNN1A; predominant constitutive CFTR conductance in small airwavs) Sodium channel RL: BSU (Biological study, unclassified); BIOL (Biological study) (SCNN1B; predominant constitutive CFTR conductance in small airways) Sodium channel RL: BSU (Biological study, unclassified); BIOL (Biological study) (SCNN1G; predominant constitutive CFTR conductance in small airwavs) Proteins RL: BSU (Biological study, unclassified); BIOL (Biological study) (ZO-1 (zonula occludens 1); predominant constitutive CFTR conductance in small airways) Drug targets (anion conductance inhibitor NPPB, GlyH-101 and CFTRInh-172 significantly depolarized transepithelial potential in pig bronchiole) Transport proteins RL: BSU (Biological study, unclassified); BIOL (Biological study) (chloride-potassium-sodium cotransporter SLC12A2; predominant constitutive CFTR conductance in small airways) Lung, disease (chronic obstructive pulmonary disease; predominant constitutive CFTR conductance in small airways) CFTR (cystic fibrosis transmembrane conductance regulator) RL: ADV (Adverse effect, including toxicity); BSU (Biological study, unclassified); BIOL (Biological study) (constitutively active chloride ion conductance was found in partially traumatized pig small bronchioles suggesting activation of cystic fibrosis transmembrane conductance regulator) Respiratory system (predominant constitutive CFTR conductance in small airways) 307510-92-5 RL: BSU (Biological study, unclassified); BIOL (Biological study) (anion conductance inhibitor CFTRInh-172 significantly depolarized transepithelial potential in pig bronchiole) 16887-00-6, Chloride ion, biological studies RL: ADV (Adverse effect, including toxicity); BSU (Biological study, unclassified); BIOL (Biological study) (constitutively active chloride ion conductance was found in partially traumatized pig small bronchioles suggesting activation of cystic fibrosis transmembrane conductance regulator) 307510-92-5 RL: BSU (Biological study, unclassified); BIOL (Biological study) (anion conductance inhibitor CFTRInh-172 significantly

depolarized transepithelial potential in pig bronchiole)

Benzoic acid, 4-[[4-oxo-2-thioxo-3-[3-(trifluoromethyl)phenyl]-5-

thiazolidinylidene]methyl] - (9CI) (CA INDEX NAME)

REFERENCE COUNT: 44 THERE ARE 44 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L142 ANSWER 4 OF 5 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

ACCESSION NUMBER: 2005:139004 BIOSIS DOCUMENT NUMBER: PREV200500137365

TITLE: In vivo pharmacology and antidiarrheal efficacy of a

thiazolidone CFTR inhibitor in rodents.

AUTHOR(S): Sonawane, N. D.; Muanprasat, Chatchai; Nagatani, Ray Jr;

Song, Yuanlin; Verkman, A. S. [Reprint Author]

CORPORATE SOURCE: Cardiovasc Res InstDept Med, Univ Calif San Francisco, San

Francisco, CA, 94143, USA verkman@itsa.ucsf.edu

SOURCE: Journal of Pharmaceutical Sciences, (January 2005) Vol. 94,

No. 1, pp. 134-143. print.

CODEN: JPMSAE. ISSN: 0022-3549.

DOCUMENT TYPE: Article LANGUAGE: English

ENTRY DATE: Entered STN: 6 Apr 2005

Last Updated on STN: 6 Apr 2005

ABSTRACT: A small-molecule inhibitor of the cystic fibrosis transmembrane

conductance regulator (CFTR), 3-((3-trifluoromethyl

)phenyl) -5-((4-carboxyphenyl)
methylene)-2-thioxo-4-

thiazolidinone (CFTRinh-172), reduces enterotoxin-induced intestinal fluid secretion in rodents. Here, we study CFTRinh-172 pharmacology and antidiarrheal efficacy in rodents using14 C-labeled CFTRinh-172, liquid chromatography/mass spectrometry, and a closed intestinal loop model of fluid secretion. CFTRinh-172 was cleared primarily by renal glomerular filtration without chemical modification. CFTRinh-172 accumulated in liver within 5 min after intravenous infusion in mice, and was concentrated fivefold in bile over blood. At 30-240 min, CFTRinh-172 was found mainly in liver, intestine, and kidney, with little detectable in the brain, heart, skeletal muscle, or lung. Pharmacokinetic analysis in rats following intravenous bolus infusion showed a distribution volume of 770 mL with redistribution and elimination half-times of

0.14 h and 10.3 h, respectively. CFTRinh-172 was stable in hepatic microsomes. Closed-loop studies in mice indicated that a single intraperitoneal injection of 20 mug CFTRinh-172 inhibited fluid accumulation at 6 h after cholera toxin by >90% in duodenum and jejunum, apprx60% in ileum and <10% in colon. No toxicity was seen after high-dose CFTRinh-172 administration (3 mg/kg/day in two daily doses) in mice over the first 6 weeks of life. The metabolic stability, enterohepatic recirculation, slow renal elimination, and intestinal accumulation of CFTRinh-172 account for its efficacy as an antidiarrheal. Copyright 2004 Wiley-Liss, Inc.

CONCEPT CODE:

Pathology - Therapy 12512

Digestive system - Physiology and biochemistry 14004

Digestive system - Pathology 14006

Cardiovascular system - Physiology and biochemistry 14504

Urinary system - Physiology and biochemistry 15504 Respiratory system - Physiology and biochemistry 16004

Muscle - Physiology and biochemistry 17504

Nervous system - Physiology and biochemistry 20504

Pharmacology - General 22002

Pharmacology - Drug metabolism and metabolic stimulators

22003

Pharmacology - Digestive system 22014

INDEX TERMS:

Major Concepts

Digestive System (Ingestion and Assimilation);

Pharmacology

INDEX TERMS:

Parts, Structures, & Systems of Organisms

brain: nervous system; colon: digestive system;

duodenum: digestive system; heart: circulatory system; ileum: digestive system; intestinal fluid: digestive system; intestine: digestive system; jejunum: digestive system; kidney: excretory system; liver: digestive system; lung: respiratory system; microsome; skeletal

muscle: muscular system

INDEX TERMS:

Diseases

diarrhea: digestive system disease

Diarrhea (MeSH)

INDEX TERMS:

Chemicals & Biochemicals

3-[(3-trifluoromethyl)

pheny1]-5-[(4-

carboxyphenyl)methylene]-2-thioxo-4-thiazolidinone

[CFTR-inh-172]: antidiarrheal-drug, gastrointestinal-drug, intraperitoneal administration, intravenous administration, pharmacokinetics; cholera toxin;

enterotoxin

INDEX TERMS:

Methods & Equipment

liquid chromatography/mass spectrometry: chromatographic techniques, laboratory techniques, spectrum analysis

techniques

INDEX TERMS:

Miscellaneous Descriptors

drug metabolism; enterohepatic recirculation; intestinal
accumulation; metabolic stability; renal elimination

ORGANISM:

Classifier

Muridae 86375

Super Taxa

Rodentia; Mammalia; Vertebrata; Chordata; Animalia

Organism Name

Sprague-Dawley rat (common): male

mouse (common): strain-CD1

Taxa Notes

Animals, Chordates, Mammals, Nonhuman Vertebrates,

Nonhuman Mammals, Rodents, Vertebrates

L142 ANSWER 5 OF 5 USPATFULL on STN

ACCESSION NUMBER: 2004:300010 USPATFULL

TITLE: Method for treatment of chemotherapy-induced diarrhea

INVENTOR(S): Ware, Joseph A., Kalamazoo, MI, UNITED STATES

NUMBER KIND DATE

PATENT INFORMATION: US 2004235879 A1 20041125

APPLICATION INFO.: US 2004-850070 A1 20040520 (10)

NUMBER DATE

PRIORITY INFORMATION: US 2003-472348P 20030521 (60)

DOCUMENT TYPE: Utility
FILE SEGMENT: APPLICATION

LEGAL REPRESENTATIVE: Patrick G. Gattari, McDonnell Boehnen Hulbert &

Berghoff LLP, 32nd Floor, 300 S. Wacker Drive, Chicago,

IL, 60606

NUMBER OF CLAIMS: 12 EXEMPLARY CLAIM: 1 LINE COUNT: 324

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

The present invention provides a method for treating diarrhea caused by the interaction of a chemotherapeutic agent with a CFTR protein, which comprises administering sequentially, separately or simultaneously with said chemotherapeutic agent a therapeutically effective amount of a CFTR protein inhibitor to a patient in need of the treatment of such a diarrhea and a method for optimizing time and dosages of a diarrheagenic chemotherapeutic agent in a patient in need thereof, which comprises evaluating the sensitivity of said patients towards said agent through the detection of chloride levels in a biological sample of said patient and selecting a time and dosages of said agent based on the above chloride levels.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

The present invention provides a method for treating diarrhea caused by the interaction of a chemotherapeutic agent with a CFTR protein, which comprises administering sequentially, separately or simultaneously with said chemotherapeutic agent a therapeutically effective amount of a CFTR protein inhibitor to a patient in need of the treatment of such a diarrhea and a method for optimizing time. . .

DETD [0010] Several studies suggest that cystic fibrosis
transmembrane conductance regulator (CFTR), a member of the
ATP-binding Cassette (ABC), subfamily C member 7 (ABCC7) is the final
common pathway for intestinal chloride (Cl.sup.-) and thus fluid
secretion into the lumen of the small and large intestine. Activation of
CFTR (ABCC7) by pathogenic microorganisms is a major factor in
enterotoxin-induced diarrhea (EID) produced by many gut pathogens. In
many examples, second messengers generated in response to an enterotoxin
exposure have been shown to activate CFTR and thus Cl.sup.secretion. These second messengers include cAMP and cGMP protein kinase
C, inflammatory mediators (such as tumor necrosis. . . arachidonic
acid (such as PGE.sub.2). Despite the complex nature of events leading
to ultimate effect of EID, the role of CFTR has been

established using in-vitro studies and in mice where CFTR has been selectively deleted from the mouse.

- DETD . . . that camptothecin derivatives, especially irinotecan and its active metabolite SN-38 would produce disturbances in colonic electrolyte transport by interacting with CFTR (ABCC7) in the colonic crypts, so contributing to diarrhea associated with the administration of said drug in a manner analogue. . .
- DETD [0017] As an example, to determine the interaction of CPT-11, SN-38, and topotecan with CFTR (ABCC7), the effect of said substances on Cl.sup.- conductance in CFTR (ABCC7)-transfected Xenopus laevis oocytes is evaluated via single voltage clamp conditions.
- DETD . . . object of the present invention a method for treating diarrhea caused by the interaction of a chemotherapeutic agent with a CFTR protein, which comprises administering sequentially, separately or simultaneously with said chemotherapeutic agent a therapeutically effective amount of a CFTR protein inhibitor to a patient in need of the treatment of such a diarrhea.
- DETD . . . for treating a cancer sensitive to a potential diarrheagenic chemotherapeutic agent, which comprises administering a therapeutically effective amount of a CFTR protein inhibitor for treating diarrhea occurring when said chemotherapeutic agent is administered to a patient.
- DETD [0022] According to the present invention, the term "CFTR inhibitor" includes small molecules such as glyburide (glibenclamide), thiazolidinones such as for example 3-[(3-trifluoromethy1)pheny1[-5-[(4-carboxypheny1)methylene]-2-thioxo-4-thiazolidinone, flavinoids and/or monoclonal or polyclonal antibodies directed toward some part of CFTR (ABCC7).
- DETD . . . from the interaction of a camptothecin derivative, particularly selected from the group consisting of irinotecan, SN-38 and topotecan, with a CFTR protein, which comprises administering sequentially, separately or simultaneously with said chemotherapeutic agent a therapeutically effective amount of a CFTR protein inhibitor to a patient in need of the treatment of such a diarrhea.
- DETD . . . the present invention provides a method for treating diarrhea which results from the interaction of irinotecan or SN-38, with a CFTR protein, which comprises administering sequentially, separately or simultaneously with said chemotherapeutic agent a therapeutically effective amount of a CFTR protein inhibitor to a patient in need of the treatment of such a diarrhea.
- DETD [0026] As an example, the efficacy of a **CFTR** inhibitor for the treatment of diarrhea induced by the administration of a chemotherapeutic agent, such as for example irinotecan or SN-38, may be evaluated in **CFTR** knockout mice.
- DETD [0027] It is believed that the subject CFTR inhibitor would be found to be effective in the treatment of diarrhea induced by the administration of the selected diarrheagenic. . . CLM What is claimed is:
- OLM What is claimed is:

 1. A method for treating diarrhea caused by the interaction of a diarrheagenic chemotherapeutic agent with a CFTR protein, which comprises administering sequentially, separately or simultaneously with said chemotherapeutic agent a therapeutically effective amount of a CFTR protein inhibitor to a patient in need of the treatment of such a diarrhea.
 - . for treating a cancer sensitive to a potential diarrheagenic chemotherapeutic agent, which comprises administering a therapeutically effective amount of a CFTR protein inhibitor for treating

diarrhea occurring when said chemotherapeutic agent is administered to a patient.

BROADER STRUCTURE/TEXT SEARCH

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FILE COVERS 1907 - 16 Feb 2006 VOL 144 ISS 8 FILE LAST UPDATED: 15 Feb 2006 (20060215/ED)

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http://www.cas.org/infopolicy.html
'OBI' IS DEFAULT SEARCH FIELD FOR 'CAPLUS' FILE

=> d que nos L13

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L7 STR

L9 101796 SEA FILE=REGISTRY SSS FUL L7

L10 11681 SEA FILE=CAPLUS ABB=ON PLU=ON L9

L11 10928 SEA FILE=CAPLUS ABB=ON PLU=ON CYSTIC?/OBI

L13 23 SEA FILE=CAPLUS ABB=ON PLU=ON L11 AND L10
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=> d que nos L15

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L7 STR
L9 101796 SEA FILE=REGISTRY SSS FUL L7
L10 11681 SEA FILE=CAPLUS ABB=ON PLU=ON L9
L14 4392 SEA FILE=CAPLUS ABB=ON PLU=ON CFTR?/BI
L15 13 SEA FILE=CAPLUS ABB=ON PLU=ON L14 AND L10
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=> d que nos L22

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          11681 SEA FILE=CAPLUS ABB=ON PLU=ON
L10
L19
              1 SEA FILE=CAPLUS ABB=ON PLU=ON
                                               (?FIBRO CYSTIC?)/BI
          11128 SEA FILE=CAPLUS ABB=ON
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                                                (?CYSTIC FIBRO?)/BI
L20
                                               (L19 OR L20)
L21
          11128 SEA FILE=CAPLUS ABB=ON
                                       PLU=ON
             23 SEA FILE=CAPLUS ABB=ON PLU=ON L21 AND L10
L22
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=> d que nos L24
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L23	10507	SEA	FILE=CAPLUS	ABB=ON	PLU=ON	ION	TRANSPORT/OBI
1524	2	SEA	FILE=CAPLUS	ABB=ON	PLU=ON	L10	AND L23

=> d que nos L66

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L25	62389 SEA FILE=CAPLUS ABB=ON PLU=ON ((ION? OR CHLOR?) (3A)
	?TRANSP?)/BI
L56	STR
L58	7067 SEA FILE=REGISTRY SUB=L9 SSS FUL L56
L59	238 <u>SEA FILE=CAPLUS ABB</u> =ON PLU=ON L58
/L66	6 SEA FILE=CAPLUS ABB=ON PLU=ON L25 AND L59

=> s (L13 or L15 or L22 or L24 or L66) not (L137 or L131)

printed with author rearch d h narrow search 15 (L13 OR L15 OR L22 OR L24 OR L66) NOT **(**L137 L143 => file medline

FILE 'MEDLINE" ENTERED AT 12:54:34 ON 16 FEB 2006

FILE LAST UPDATED: 15 FEB 2006 (20060215/UP). FILE COVERS 1950 TO DATE.

On December 11, 2005, the 2006 MeSH terms were loaded.

The MEDLINE reload for 2006 will soon be available. For details on the 2005 reload, enter HELP RLOAD at an arrow promt (=>). See also:

http://www.nlm.nih.gov/mesh/

http://www.nlm.nih.gov/pubs/techbull/nd04/nd04 mesh.html

http://www.nlm.nih.gov/pubs/techbull/nd05/nd05_med_data_changes.html http://www.nlm.nih.gov/pubs/techbull/nd05/nd05_2006_MeSH.html

OLDMEDLINE is covered back to 1950.

MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the MeSH 2006 vocabulary.

This file contains CAS Registry Numbers for easy and accurate

=> d que nos L60

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L7
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L9
         101796 SEA FILE=REGISTRY SSS FUL L7
L56
L58
           7067 SEA FILE=REGISTRY SUB=L9 SSS FUL L56
              O SEA FILE=REGISTRY ABB=ON PLU=ON L58 AND MEDLINE/LC
/L60
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=> d que nos L65

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L7
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L9
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L61
L62
          3293 SEA FILE=MEDLINE ABB=ON PLU=ON L61
          14298 SEA FILE=MEDLINE ABB=ON PLU=ON ION? (3A) ?TRANSP?
L64
             5 SBA FILE=MEDLINE ABB=ON PLU=ON L62 AND L64,
L65
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=> d que nos L69

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L44	25743 SEA	A FILE=MEDLINE ABB=ON PLU=ON CYSTIC FIBR?	
L45	3738 SEA	A FILE=MEDLINE ABB=ON PLU=ON CFTR	
L46	3396 SEA	A FILE=MEDLINE ABB=ON PLU=ON FIBROCYST? OR (FIBRO CYST?)	
L47	3752 SEA	A FILE=MEDLINE ABB=ON PLU=ON CFTR?	
L61	29 SEA	A FILE=REGISTRY ABB=ON PLU=ON L9 AND MEDLINE/LC	
L67	SEI	L PLU=ON L61 1- CHEM : 132 TERMS	
L68	6472 SEA	A FILE=MEDLINE ABB=ON PLU=ON L67	
L69	16 SEA	A FILE=MEDLINE ABB=ON PLU=ON L68 AND (L44 OR L45 OR L46 OR	-
	L4 7	74	

=> s (L60 or L65 or L69) not (L132 or L138)

or (L138) printed with anthon search narrow search

15 (L60 OR L65 OR L69) NOT L144

=> file embase

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=> d que nos L86

L7		STR
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L73	53696	SEA FILE=EMBASE ABB=ON PLU=ON CYSTIC?
L74	1353	SEA FILE=EMBASE ABB=ON PLU=ON (FIBROCYSTIC? OR (FIBRO
		CYST?))
L75	6	SEA FILE=EMBASE ABB=ON PLU=ON MUCOVISCOID?
L76	3377	SEA FILE=EMBASE ABB=ON PLU=ON CFTR?
L78	22	SEA FILE=REGISTRY ABB=ON PLU=ON L9 AND EMBASE/LC
L79		SEL PLU=ON L78 1- CHEM: 110 TERMS
L80	8516	SEA FILE=EMBASE ABB=ON PLU=ON L79
L81	8516	SEA FILE=EMBASE ABB=ON PLU=ON (L78 OR L80)
L86	32	SEA FILE=EMBASE ABB=ON PLU=ON L81 AND (L73 OR L74 OR L75 OR
		L76)

=> s L86 not (L133 or L139)

26 L86 NOT ((L133) OR (L139)) L145

punted with author search (139) punted with narrow search

Searched by John DiNatale 571-272-2557

=> file biosis

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FILE COVERS 1969 TO DATE. CAS REGISTRY NUMBERS AND CHEMICAL NAMES (CNs) PRESENT FROM JANUARY 1969 TO DATE.

RECORDS LAST ADDED: 15 February 2006 (20060215/ED)

=> d que nos L100

L7	Si	TR
L9	101796 SE	EA FILE=REGISTRY SSS FUL L7
L94	52 SE	EA FILE=REGISTRY ABB=ON PLU=ON L9 AND BIOSIS/LC
L95	4798 SE	EA FILE=BIOSIS ABB=ON PLU=ON L94
L96	47945 SE	EA FILE=BIOSIS ABB=ON PLU=ON CYSTIC?
L97	1202 SE	EA FILE=BIOSIS ABB=ON PLU=ON FIBROCYST? OR (FIBRO CYST?)
L98	4750 SE	EA FILE=BIOSIS ABB=ON PLU=ON CFTR
L99	4793 SE	EA FILE=BIOSIS ABB=ON PLU=ON CFTR?
∫L100		EA FILE=BIOSIS ABB=ON PLU=ON L95 AND (L96 OR L97 OR L98 OR)
	/ES	99)/

=> d que nos L106

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L96	47945 SEA FILE=BIOSIS ABB=ON PLU=ON CYSTIC?	
L97	1202 SEA FILE=BIOSIS ABB=ON .PLU=ON FIBROCYST? OR (FIBRO CYST?)
L98	4750 SEA FILE=BIOSIS ABB=ON PLU=ON CFTR	
L99	4793 SEA FILE=BIOSIS ABB=ON PLU=ON CFTR?	
L104	SEL PLU=ON L94 1- CHEM : 237 TERMS	
L105	6185 SEA FILE=BIOSIS ABB=ON PLU=ON L104	
<u>/Li106</u>	6 SEA FILE=BIOSIS ABB=ON PLU=ON L105 AND (L96 OR L97 OR L9	8 OR)
	1599)	/

=> s (L100 or L106) not (L134 or L140) punted with author search

[L146] 3 (L100 OR L106) NOT (L134) OR (L140) printed with narrow search

=> file uspatfull

FILE 'USPATFULL' ENTERED AT 12:54:44 ON 16 FEB 2006
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FILE COVERS 1971 TO PATENT PUBLICATION DATE: 16 Feb 2006 (20060216/PD)
FILE LAST UPDATED: 16 Feb 2006 (20060216/ED)
HIGHEST GRANTED PATENT NUMBER: US7000250
HIGHEST APPLICATION PUBLICATION NUMBER: US2006037120
CA INDEXING IS CURRENT THROUGH 14 Feb 2006 (20060214/UPCA)
ISSUE CLASS FIELDS (/INCL) CURRENT THROUGH: 16 Feb 2006 (20060216/PD)
REVISED CLASS FIELDS (/NCL) LAST RELOADED: Dec 2005
USPTO MANUAL OF CLASSIFICATIONS THESAURUS ISSUE DATE: Dec 2005

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L116
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L117
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L125
                L118)
             2 (L119 OR L125) NOT (L141) OR (L135) prubed with narrow search
=> s (L119 or L125) not (L141 or L135)
L147
=> => dup rem L143 L144 L145 L146 L147
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CA INDEXING COPYRIGHT (C) 2006 AMERICAN CHEMICAL SOCIETY (ACS)
PROCESSING COMPLETED FOR L143
PROCESSING COMPLETED FOR L144
PROCESSING COMPLETED FOR L145
PROCESSING COMPLETED FOR L146
PROCESSING COMPLETED FOR L147
             56 DUP REM L143 L144 L145 L146 L147 (5 DUPLICATES REMOVED)
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ANSWERS '1-15' FROM FILE CAPLUS ANSWERS 16-29' FROM FILE MEDLINE ANSWERS 30-53' EROM FILE EMBASE ANSWERS 54' EROM FILE BIOSIS ANSWERS 55-56' EROM FILE USPATFULL

=> d ibib abs hitind hitstr L148 1-15; d iall L148 16-54; d ibib abs kwic hitstr L148 55-56

L148 ANSWER 1 OF 56 CAPLUS COPYRIGHT 2006 ACS on STN DUPLICATE 3

ACCESSION NUMBER: 1999:547926 CAPLUS

DOCUMENT NUMBER: 131:281342

TITLE: Troglitazone inhibits bicarbonate secretion in rat and

human duodenum

AUTHOR(S): Hosokawa, M.; Tsukada, H.; Fukuda, K.; Oya, M.;

Onomura, M.; Nakamura, H.; Kodama, M.; Yamada, Y.;

Seino, Y.

CORPORATE SOURCE: Department of Metabolism and Clinical Nutrition,

Faculty of Medicine, Kyoto University, Kyoto, Japan

SOURCE: Journal of Pharmacology and Experimental Therapeutics

(1999), 290(3), 1080-1084

CODEN: JPETAB; ISSN: 0022-3565

PUBLISHER: American Society for Pharmacology and Experimental

Therapeutics

DOCUMENT TYPE: Journal LANGUAGE: English

Troglitazone is a new, orally effective antidiabetic agent that decreases plasma glucose in obese patients with non-insulin-dependent diabetes mellitus. Unfortunately, troglitazone also has a propensity to cause edema. This study was designed to determine how troglitazone affects intestinal ion transport and water absorption. Short circuit current (ISC) was measured in rat and human duodenal mucosa in Ussing chambers. Five minutes later, the serosal addition of troglitazone caused ISC to decrease gradually, and after 50 min, ISC reached the peak of decrease. EC50 values and maximum response to ISC in rat and human mucosa were 8.4 and 8.7 μ M and 8.56 \pm 1.0 and 8.00 \pm 2.0 μ A/cm2, resp. In an HCO3-/CO2-free system, the decrease in ISC caused by troglitazone was 1.31 \pm 0.83 $\mu A/cm2$. When 10 mM acetazolamide was preadministered, the small decrease in ISC evoked by troglitazone (20 μ M) was 4.56 \pm 0.22 $\mu A/cm2$, whereas the preadministration of 100 μM amiloride and 100 nMtetrodotoxin did not influence the decrease in ISC evoked by troglitazone. The serosal preadministration of 100 nM vasoactive intestinal peptide potently enhanced the decrease in ISC evoked by 20 µM troglitazone $(21.1 \pm 1.63 \, \mu\text{A/cm}^2)$. The cAMP contents of rat duodenal mucosa incubated with and without troglitazone (20 µM) for 50 min were 3.2 \pm 0.25 and 5.8 \pm 0.46 pmol/mg protein, resp. (P < 0.01). These results indicate that the ionic basis for the decrease in ISC that is induced by troglitazone may be inhibition of electrogenic bicarbonate The alteration of intestinal ion transport by troglitazone secretion. could cause edema.

- CC 1-10 (Pharmacology)
- ST troglitazone intestinal ion transport water

absorption; bicarbonate secretion duodenum antidiabetic troglitazone

IT 97322-87-7, Troglitazone

RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); BIOL (Biological study)

(troglitazone inhibits bicarbonate secretion in rat and human duodenum)

IT **97322-87-7**, Troglitazone

RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or

effector, except adverse); BSU (Biological study, unclassified); BIOL (Biological study)

(troglitazone inhibits bicarbonate secretion in rat and human duodenum)

97322-87-7 CAPLUS RN

CN

2,4-Thiazolidinedione, 5-[[4-[(3,4-dihydro-6-hydroxy-2,5,7,8-tetramethyl-2H-1-benzopyran-2-yl)methoxy]phenyl]methyl]- (9CI) (CA INDEX NAME)

$$\begin{array}{c} \text{Me} \\ \text{Me} \\ \text{O} \\ \text{CH}_2 - \text{O} \\ \text{O} \\ \text{Ne} \\$$

THERE ARE 13 CITED REFERENCES AVAILABLE FOR THIS REFERENCE COUNT: 13 RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L148 ANSWER 2 OF 56 CAPLUS COPYRIGHT 2006 ACS on STN

ACCESSION NUMBER: 2005:1289898 CAPLUS

DOCUMENT NUMBER: 144:36334

Preparation of phenyl benzoyl pyrazoles as CRTH2 TITLE:

receptor ligands

Ulven, Trond; Frimurer, Thomas; Rist, Oeystein; INVENTOR(S):

Kostenis, Evi; Hoegberg, Thomas; Receveur, Jean-Marie;

Grimstrup, Marie

7TM Pharma A/S, Den. PATENT ASSIGNEE(S): PCT Int. Appl., 115 pp. SOURCE:

CODEN: PIXXD2

DOCUMENT TYPE: Patent English LANGUAGE:

FAMILY ACC. NUM. COUNT:

PATENT INFORMATION:

PATE	PATENT NO.				KIND DATE			APPLICATION NO.					DATE			
WO 20	VO 2005115382			A1 20051208			WO 2005-EP5884					20050530				
Ţ.	W: A	E, AG,	AL,	AM,	ΑT,	ΑU,	ΑZ,	BA,	BB,	BG,	BR,	BW,	BY,	ΒZ,	CA,	CH,
	C	1, CO,	CR,	CU,	CZ,	DE,	DK,	DM,	DZ,	EC,	EE,	EG,	ES,	FI,	GB,	GD,
	G:	E, GH,	GM,	HR,	HU,	ID,	IL,	IN,	IS,	JP,	KE,	KG,	KM,	KΡ,	KR,	ΚZ,
	L	C, LK,	LR,	LS,	LT,	LU,	LV,	MA,	MD,	MG,	MK,	MN,	MW,	MX,	MZ,	NA,
	N	G, NI,	NO,	ΝZ,	OM,	PG,	PH,	PL,	PT,	RO,	RU,	SC,	SD,	SE,	SG,	SK,
	S	L, SM,	SY,	ТJ,	TM,	TN,	TR,	TT,	TZ,	UA,	UG,	US,	UZ,	VC,	VN,	ΥU,
	\mathbf{z}	A, ZM,	ZW													
I	RW: B	N, GH,	GM,	KΕ,	LS,	MW,	MZ,	NA,	SD,	SL,	SZ,	TZ,	UG,	ZM,	ZW,	AM,
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	E	E, ES,	FI,	FR,	GB,	GR,	HU,	ΙE,	IS,	IT,	LT,	LU,	MC,	NL,	PL,	PΤ,
	R	O, SE,	SI,	SK,	TR,	BF,	ВJ,	CF,	CG,	CI,	CM,	GA,	GN,	GQ,	GW,	ML,
	M:	R, NE,	SN,	TD,	TG											
PRIORITY A	IORITY APPLN. INFO.:						GB 2004-12198			A 20040529						
						GB 2004-14196			1	A 20040624						
								(GB 20	004-	2401	8	i	A 2	0041	029
GT																

AB Title compds. I [A = carboxy, carboxy bioisostere; A1 = H, Me; Ar1 = (un)substituted heteroaryl in which the groups OCHAA1 and L2 are linked to adjacent ring atoms; Ar2-3 = heteroaryl; n = 0-1; L2-3 = divalent radical (Alk1)m-Zq-(Alk2)p; m, q, p = 0-1; Alk1-2 = alkylene which may be heteroatom substituted, etc.; Z = O, S, CO SO2, etc.; with some provisions] are prepared For instance, 4-bromo-2-((1-phenyl-1H-pyrazole-4-yl)carbonyl)phenoxyacetic acid (II) is prepared in 2 steps from (5-bromo-2-hydroxyphenyl)(1-phenyl-1H-pyrazol-4-yl)methanone and Et bromoacetate. II has an IC50 < 0.5 μM for the CRTH2 receptor. I are useful for the treatment of disease responsive to modulation of CRTH2 receptor activity, such as asthma, rhinitis, allergic airway syndrome, and allergic rhinobronchitis.

- IC ICM A61K031-415
 - ICS A61K031-454; A61P029-00; A61P043-00
- CC 28-8 (Heterocyclic Compounds (More Than One Hetero Atom))
- Section cross-reference(s): 1, 63
- IT Allergy

Allergy inhibitors

Alzheimer's disease

Anti-Alzheimer's agents

Anti-inflammatory agents

Antiarthritics

Antiasthmatics

Antidiabetic agents

Antimigraine agents

Antirheumatic agents

Asthma

Atherosclerosis

Autoimmune disease

Behcet's syndrome

Cardiovascular agents

Central nervous system agents

Cough

Cystic fibrosis

Dermatomyositis

Diabetes insipidus

Diabetes mellitus

Ehlers-Danlos syndrome

Encephalitis

Encephalomyelitis

Gout

Human

Inflammation

Lupus erythematosus

Multiple sclerosis

Myositis

Osteoarthritis

Respiratory system, disease

Rheumatoid arthritis

Sarcoidosis

Sepsis

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Sjogren's syndrome
        (preparation of Ph benzoyl pyrazoles as CRTH2 receptor ligands)
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                                                                  418801-66-8P
IT
     304450-03-1P
                    328572-06-1P
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     700848-40-4P
                    850811-67-5P
                                    870809-73-7P
                                                   870809-74-8P
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                                    870809-78-2P
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                    870809-77-1P
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                                                                  870809-85-1P
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     870811-17-9P 870811-18-0P
                                 870811-19-1P
                                                 870811-20-4P
     RL: PAC (Pharmacological activity); SPN (Synthetic preparation); THU
     (Therapeutic use); BIOL (Biological study); PREP (Preparation); USES
     (Uses)
        (preparation of Ph benzoyl pyrazoles as CRTH2 receptor ligands)
     55-21-0, Benzamide 70-11-1, 2-Bromoacetophenone 93-17-4 93-58-3
TΤ
     98-80-6, Phenylboronic acid 100-47-0, Benzonitrile, reactions
                                         103-81-1, 2-Phenylacetamide
                                                                        104-47-2
     100-70-9, 2-Pyridinecarbonitrile
     104-81-4, 4-Methylbenzyl bromide
                                         105-36-2, Ethyl bromoacetate
     140-29-4, Benzeneacetonitrile
                                                305-15-7
                                     140-53-4
                                                            332-25-2
                                                                        365-34-4,
                                         368-77-4
                                                    368-78-5,
     2-Trifluoromethylphenylhydrazine
                                                    455-18-5
                                                               459-22-3
                                         368-90-1
     3-Trifluoromethylphenylhydrazine
                                          536-38-9
                                                     555-96-4
                                                                589-21-9,
     535-11-5, Ethyl 2-bromopropionate
                              590-17-0, Bromoacetonitrile 603-77-0
                                                                         610-96-8
     4-Bromophenylhydrazine
                                                   619-56-7, 4-Chlorobenzamide
                                        615-00-9
     611-17-6, 2-Chlorobenzylbromide
                                                               729-17-9
     622-95-7, 4-Chlorobenzyl bromide
                                         623-03-0
                                                    623-33-6
     766-80-3, 3-Chlorobenzyl bromide
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                                         766-84-7
                                                    873-32-5
     932-90-1, Benzaldoxime
                              935-44-4
                                          1066-54-2, (Trimethylsilyl)acetylene
                             1194-65-6
                 1194-02-1
                                          1450-75-5, 5'-Bromo-2'-
     1126-46-1
                           1527-89-5
                                      1529-41-5
                                                   1679-18-1,
     hydroxyacetophenone
                                 1761-61-1
                                             1943-82-4
                                                           2227-79-4,
     4-Chlorophenylboronic acid
                             2243-55-2 2295-31-0,
     Benzenecarbothioamide
                              2368-80-1, 2-Fluorophenylhydrazine
                                                                   2856-63-5
     2,4-Thiazolidinedione
                                        3096-81-9
                                                      3215-64-3
                                                                  3218-49-3
     2905-65-9
                 2947-61-7
                             3038-47-9
                                      3471-32-7, 4-Methoxyphenylhydrazine
```

5329-12-4, 2,4,6-Trichlorophenylhydrazine 5813-86-5, 3-Methoxybenzamide

4426-47-5, Butylboronic acid 4930-98-7, 2-Hydrazinopyridine

3424-93-9, 4-Methoxybenzamide

4068-76-2

```
6343-93-7 6574-98-7, 2,4-Dichlorobenzonitrile
10449-07-7, 2-Chlorophenylhydrazine 13123-92-7,
                             6574-98-7, 2,4-Dichlorobenzonitrile
     6306-60-1
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     7035-03-2
     2,4-Dichlorophenylhydrazine
                                    13124-18-0
                                                 13388-75-5
                                                               13957-54-5
     14763-20-3, 3-Chlorophenylhydrazine
                                            14763-24-7, 2,6-
                               16732-66-4, 2-Bromophenylhydrazine
     Dichlorophenylhydrazine
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     33695-58-8, 4-Ethylbenzamide
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     6-Bromo-3-formylchromone
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                                   58711-28-7
                                                58791-94-9
                                                              60283-38-7
     61466-44-2
                  61466-46-4
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     288401-60-5
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     870811-33-9
     RL: RCT (Reactant); RACT (Reactant or reagent)
        (preparation of Ph benzoyl pyrazoles as CRTH2 receptor ligands)
TΤ
     34849-50-8P
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                                 93065-69-1P
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     870811-22-6P
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                                    870811-24-8P
                                                   870811-25-9P
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                                    870811-29-3P 870811-30-6P
     870811-31-7P
                    870811-34-0P
     RL: RCT (Reactant); SPN (Synthetic preparation); PREP (Preparation); RACT
     (Reactant or reagent)
        (preparation of Ph benzoyl pyrazoles as CRTH2 receptor ligands)
IT
     870811-11-3P 870811-12-4P 870811-13-5P
     870811-14-6P 870811-15-7P 870811-16-8P
     870811-17-9P 870811-18-0P
     RL: PAC (Pharmacological activity); SPN (Synthetic preparation); THU
     (Therapeutic use); BIOL (Biological study); PREP (Preparation); USES
     (Uses)
        (preparation of Ph benzoyl pyrazoles as CRTH2 receptor ligands)
     870811-11-3 CAPLUS
RN
     Acetic acid, [4-bromo-2-[[3-[(4-chlorophenyl)methyl]-2,4-dioxo-5-
CN
     thiazolidinyl]methyl]phenoxy]- (9CI) (CA INDEX NAME)
```

RN870811-12-4 CAPLUS

Acetic acid, [4-bromo-2-[[3-[(4-methylphenyl)methyl]-2,4-dioxo-5-CNthiazolidinyl]methyl]phenoxy] - (9CI) (CA INDEX NAME)

RN

870811-13-5 CAPLUS Acetic acid, [4-bromo-2-[[3-[2-(4-chlorophenyl)-2-oxoethyl]-2,4-dioxo-5-CNthiazolidinyl]methyl]phenoxy] - (9CI) (CA INDEX NAME)

$$CH_2$$
 CH_2
 CH_2

870811-14-6 CAPLUS RN

Acetic acid, [4-bromo-2-[[3-[(3-chlorophenyl)methyl]-2,4-dioxo-5-CNthiazolidinyl]methyl]phenoxy] - (9CI) (CA INDEX NAME)

RN

870811-15-7 CAPLUS Acetic acid, [4-bromo-2-[[2,4-dioxo-3-(4-pyridinylmethyl)-5-CNthiazolidinyl]methyl]phenoxy]- (9CI) (CA INDEX NAME)

$$CH_2$$
 CH_2
 CH_2

RN

870811-16-8 CAPLUS
Acetic acid, [4-bromo-2-[[3-[(4-chlorophenyl)methyl]-5-methyl-2,4-dioxo-5-CNthiazolidinyl]methyl]phenoxy]- (9CI) (CA INDEX NAME)

$$CH_2$$
 CH_2
 N
 O
 S
 Me
 CH_2
 HO_2C-CH_2-O
 Br

RN

870811-17-9 CAPLUS Acetic acid, [4-bromo-2-[[3-[(2,6-dichlorophenyl)methyl]-5-methyl-2,4-CNdioxo-5-thiazolidinyl]methyl]phenoxy]- (9CI) (CA INDEX NAME)

$$C1$$
 CH_2
 CH

RN

870811-18-0 CAPLUS Acetic acid, [4-bromo-2-[[3-[(2-chlorophenyl)methyl]-5-methyl-2,4-dioxo-5-CNthiazolidinyl]methyl]phenoxy] - (9CI) (CA INDEX NAME)

$$C1$$
 CH_2
 O
 N
 O
 S
 Me
 CH_2
 HO_2C-CH_2-O
 Br

IT 2295-31-0, 2,4-Thiazolidinedione

RL: RCT (Reactant); RACT (Reactant or reagent)

(preparation of Ph benzoyl pyrazoles as CRTH2 receptor ligands)

RN 2295-31-0 CAPLUS

2,4-Thiazolidinedione (8CI, 9CI) (CA INDEX NAME) CN

IT 870811-30-6P

> RL: RCT (Reactant); SPN (Synthetic preparation); PREP (Preparation); RACT (Reactant or reagent)

(preparation of Ph benzoyl pyrazoles as CRTH2 receptor ligands)

RN

870811-30-6 CAPLUS
Acetic acid, [4-bromo-2-[(2,4-dioxo-5-thiazolidinylidene)methyl]phenoxy]-, CN ethyl ester (9CI) (CA INDEX NAME)

$$\begin{array}{c|c} & & & \\ & & \\ & & & \\ & & & \\ & & & \\ & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ &$$

REFERENCE COUNT:

6 THERE ARE 6 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

CAPLUS COPYRIGHT 2006 ACS on STN L148 ANSWER 3 OF 56 ACCESSION NUMBER: 2005:1154777 CAPLUS

```
DOCUMENT NUMBER:
                        143:433974
                        Gene expression profiling and markers for use in the
TITLE:
                         assessment of hepatotoxicity
INVENTOR(S):
                         Porter, Mark; Higgs, Brandon; Mendrick, Donna;
                         Elashoff, Michael
PATENT ASSIGNEE(S):
                        Gene Logic, Inc., USA
SOURCE:
                         PCT Int. Appl., 264 pp.
                         CODEN: PIXXD2
DOCUMENT TYPE:
                         Patent
                         English
LANGUAGE:
FAMILY ACC. NUM. COUNT:
PATENT INFORMATION:
                                        APPLICATION NO.
     PATENT NO.
                       KIND
                               DATE
                        ----
                                           -----
                               -----
     WO 2005100989
                         A2
                               20051027 WO 2005-US11532
                                                                 20050407
         W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH,
             CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD,
             GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KP, KR, KZ,
             LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA,
             NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL,
             SM, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA,
             ZM, ZW
         RW: BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM,
             AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK,
             EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, MC, NL, PL, PT,
             RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML,
             MR, NE, SN, TD, TG
PRIORITY APPLN. INFO.:
                                           US 2004-559949P
     Methods of using the effects of a substance on gene expression profiles
     are described for use in assessing their toxicity, especially hepatotoxicity,
     are described. The invention also includes microarrays, computer systems
     comprising the toxicity prediction models, as well as methods of using the
     computer systems by remote users for determining the toxicity of test agents.
Α
     database of gene expression profiles for rat liver using a broad range of
     drugs, com. chems., and known poisons is developed.
     ICM G01N033-52
TC
     4-1 (Toxicology)
CC
     Section cross-reference(s): 3
IT
     Proteins
     RL: BSU (Biological study, unclassified); BIOL (Biological study)
        (FXYD domain-containing ion transport regulator 1, gene
        for, expression of, as marker in toxicol. testing; gene expression
        profiling and markers for use in assessment of hepatotoxicity)
TТ
     50-06-6, Phenobarbital 50-48-6 50-78-2 51-61-6, Dopamine
                  53-96-3 54-85-3 55-18-5 56-23-5 56-49-5
                                                                     57-47-6,
     Indomethacin
     Physostigmine 57-63-6 57-92-1 58-27-5 58-73-1 59-05-2
     62-44-2 62-55-5, Ethanethioamide 62-75-9 64-17-5, Ethanol
                                                                     64-86-8
              69-65-8, D-Mannitol 85-00-7 86-84-0 91-80-5 99-66-1
     67-66-3
              107-18-6, 2-Propen-1-ol, biological studies
                                                             108-86-1
     103-90-2
               127-07-1, Hydroxyurea 127-33-3 298-46-4,
     113-92-8
     5H-Dibenz[b,f]azepine-5-carboxamide 315-22-0 321-64-2, Tacrine
     427-51-0 555-30-6 637-07-0 657-24-9 1403-66-3, Gentamicin
     1746-01-6, TCDD 1951-25-3 3056-17-5 3521-62-8 4685-14-7 6621-47-2 7261-97-4 7440-69-9D, Bismuth, compds. 10540-29-1
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30516-87-1 33419-42-0 34911-55-2 38194-50-2 49562-28-9 49780-10-1, AY 25329 50892-23-4

11097-69-1, PCB 1254 13073-35-3 13292-46-1, Rifampin 13311-84-7, 15307-86-5 18378-89-7, Plicamycin 22494-42-4

Flutamide

36894-69-6

25812-30-0, Gemfibrozil

25451-15-4

52214-84-3 56420-45-2 57574-09-1 72558-82-8, Ceftazidime 72559-06-9, Rifabutin 75330-75-5 76824-35-6 79902-63-9, Simvastatin 85622-93-1, Temozolomide 90357-06-5, Bicalutamide 111406-87-2, Zileuton 120011-70-3 122320-73-4, Rosiglitazone 132138-76-2 136470-78-5 868588-24-3, CZB 777

RL: ADV (Adverse effect, including toxicity); BSU (Biological study, unclassified); BIOL (Biological study)

(assessing hepatotoxicity of; gene expression profiling and markers for use in assessment of hepatotoxicity)

IT 122320-73-4, Rosiglitazone

RL: ADV (Adverse effect, including toxicity); BSU (Biological study, unclassified); BIOL (Biological study)

(assessing hepatotoxicity of; gene expression profiling and markers for use in assessment of hepatotoxicity)

RN 122320-73-4 CAPLUS

CN 2,4-Thiazolidinedione, 5-[[4-[2-(methyl-2-pyridinylamino)ethoxy]phenyl]met hyl]- (9CI) (CA INDEX NAME)

PAGE 1-A

PAGE 2-A

L148 ANSWER 4 OF 56 CAPLUS COPYRIGHT 2006 ACS on STN ACCESSION NUMBER: 2005:902661 CAPLUS

143:242025 DOCUMENT NUMBER:

Methods using heterocyclic compounds for modulating TITLE:

neurotrophin-mediated activity

Ross, Gregory M.; Szarek, Walter A.; Vohra, Rahul INVENTOR (S):

Painceptor Pharma Corporation, Can.; Queen's PATENT ASSIGNEE(S):

University At Kingston

PCT Int. Appl., 152 pp. SOURCE:

CODEN: PIXXD2

DOCUMENT TYPE: Patent LANGUAGE: English

FAMILY ACC. NUM. COUNT:

PATENT INFORMATION:

	PATENT NO.					KIND DATE			APPLICATION NO.						DATE			
	WO 2005076695				A2	-	20050825		WO 2005-IB1050						20050211			
WO 2005076695				A3		20051013												
		W:	ΑE,	AG,	AL,	AM,	ΑT,	AU,	ΑZ,	BA,	BB,	BG,	BR,	BW,	BY,	ΒZ,	CA,	CH,
			CN,	CO,	CR,	CU,	CZ,	DE,	DK,	DM,	DZ,	EC,	ΕE,	EG,	ES,	FI,	GB,	GD,
			GE,	GH,	GM,	HR,	HU,	ID,	ΙL,	IN,	IS,	JP,	KE,	KG,	ΚP,	KR,	ΚZ,	LC,
			LK,	LR,	LS,	LT,	LU,	LV,	MA,	MD,	MG,	MK,	MN,	MW,	MX,	MZ,	NA,	NI,
			NO,	NZ,	OM,	PG,	PH,	PL,	PT,	RO,	RU,	SC,	SD,	SE,	SG,	SK,	SL,	SY,
			ΤJ,	TM,	TN,	TR,	TT,	TZ,	UA,	UG,	US,	UΖ,	VC,	VN,	ΥU,	ZA,	ZM,	zw
		RW:	BW,	GH,	GM,	ΚE,	LS,	MW,	MZ,	NA,	SD,	SL,	SZ,	ΤZ,	UG,	ZM,	ZW,	AM,
			ΑZ,	BY,	KG,	ΚZ,	MD,	RU,	ТJ,	TM,	ΑT,	BE,	BG,	CH,	CY,	CZ,	DE,	DK,
			EE,	ES,	FI,	FR,	GB,	GR,	HU,	ΙE,	IS,	ΙT,	LT,	LU,	MC,	ΝL,	PL,	PT,
			RO,	SE,	SI,	SK,	TR,	BF,	ВJ,	CF,	CG,	CI,	CM,	GΑ,	GN,	GQ,	GW,	ML,
			MR,	ΝE,	SN,	TD,	TG											
US 2005282840 PRIORITY APPLN. INFO.:					A1 20051222 US 2					JS 2005-57084					20050211			
										US 2004-544267P					P 20040211			
										•	US 2	004-	5641	06P		P 2	0040	420
OTHER SOURCE(S):						MAR	PAT	143:	2420	25								

OTHER SOURCE(S):

GI

$$\begin{array}{c|c} & & & & & & & \\ & & & & & & \\ H_2N - S & & & & \\ & & & & & \\ & & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & &$$

- Heterocyclic compds. and compns. are disclosed which modulate the AΒ interaction of nerve growth factor and brain-derived neurotrophic factor with neurotrophic receptors. Also disclosed are methods of using the compns. of the invention, including methods of administration. Reaction schemes for selected compds., e.g. I, are included.
- IC ICM A61K
- CC 1-11 (Pharmacology)

Section cross-reference(s): 28

Alzheimer's disease IT

> Analgesics Anesthetics

Anti-Alzheimer's agents Anti-infective agents

Anti-inflammatory agents

Antiarrhythmics Antiarthritics Antiasthmatics

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Antibacterial agents
Anticonvulsants
Antidepressants
Antiemetics
Antiglaucoma agents
Antiparkinsonian agents
Antipsychotics
Antitumor agents
Antiulcer agents
Antiviral agents
Cardiovascular agents
Combination chemotherapy
Connective tissue, disease
  Cystic fibrosis
Dermatitis
Drug dependence
Epilepsy
Gastrointestinal agents
Glaucoma (disease)
Headache
Inflammation
Multiple sclerosis
Musculoskeletal diseases
Myositis
Nausea
Nervous system, disease
Nervous system agents
Pain
Parkinson's disease
Psychotropics
Respiratory distress syndrome
Schizophrenia
Urogenital system, disease
   (heterocyclic compds. for modulating neurotrophin-mediated activity)
              423145-71-5P
306279-33-4P
RL: PAC (Pharmacological activity); SPN (Synthetic preparation); THU
(Therapeutic use); BIOL (Biological study); PREP (Preparation); USES
(Uses)
   (heterocyclic compds. for modulating neurotrophin-mediated activity)
153854-74-1 247068-04-8
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IT

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    RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL
     (Biological study); USES (Uses)
        (heterocyclic compds. for modulating neurotrophin-mediated activity)
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                                        415943-88-3
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        (heterocyclic compds. for modulating neurotrophin-mediated activity)
IT
     306279-33-4P
     RL: PAC (Pharmacological activity); SPN (Synthetic preparation); THU
     (Therapeutic use); BIOL (Biological study); PREP (Preparation); USES
     (Uses)
        (heterocyclic compds. for modulating neurotrophin-mediated activity)
RN
     306279-33-4 CAPLUS
CN
     3-Thiazolidinepropanoic acid, 5-[[5-[4-(aminosulfonyl)phenyl]-2-
     furanyl]methylene]-4-oxo-2-thioxo- (9CI) (CA INDEX NAME)
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$$H_2N-S$$
 O
 $CH_2-CH_2-CO_2H$

ΙT 247068-04-8 292172-67-9 292640-65-4 292640-66-5 299905-23-0 300377-05-3 301681-81-2 306318-97-8 307324-90-9 307552-75-6 312716-52-2 324565-42-6 324566-90-7 327032-88-2 327033-04-5 329001-82-3 329001-85-6 329002-11-1 331640-04-1 331652-49-4 339015-48-4 344944-94-1 366459-92-9 373611-94-0 387359-41-3 387873-49-6 388079-86-5 425615-56-1 428858-13-3 431928-32-4 431932-02-4 431941-25-2 431977-82-1 431978-00-6 431978-60-8 432002-09-0 432018-88-7 432502-90-4 432509-78-9 432514-76-6 433237-80-0 433240-28-9 500134-94-1 573938-94-0 591224-15-6 591224-26-9 593266-13-8 593272-19-6 593275-67-3 676643-59-7 690686-89-6 690686-93-2 690702-76-2 692266-45-8 692270-02-3

RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)

(heterocyclic compds. for modulating neurotrophin-mediated activity)

RN 247068-04-8 CAPLUS

CN Benzenesulfonamide, 4-[5-[(3-methyl-4-oxo-2-thioxo-5-

thiazolidinylidene)methyl]-2-furanyl]- (9CI) (CA INDEX NAME)

$$H_2N-S$$
 O
 CH
 N
 Me

RN 292172-67-9 CAPLUS

CN 4-Thiazolidinone, 5-[[5-(2-methyl-5-nitrophenyl)-2-furanyl]methylene]-2-thioxo-(9CI) (CA INDEX NAME)

RN 292640-65-4 CAPLUS

CN 4-Thiazolidinone, 5-[[5-(2-bromo-4-nitrophenyl)-2-furanyl]methylene]-2-thioxo- (9CI) (CA INDEX NAME)

RN 292640-66-5 CAPLUS

CN 4-Thiazolidinone, 5-[[5-(2-methoxy-4-nitrophenyl)-2-furanyl]methylene]-2-thioxo-(9CI) (CA INDEX NAME)

RN 299905-23-0 CAPLUS

CN 4-Thiazolidinone, 5-[[5-(2-methoxy-4-nitrophenyl)-2-furanyl]methylene]-3-methyl-2-thioxo-(9CI) (CA INDEX NAME)

RN 300377-05-3 CAPLUS

CN 3-Thiazolidinepropanoic acid, 5-[[5-(4-nitrophenyl)-2-furanyl]methylene]-4-oxo-2-thioxo- (9CI) (CA INDEX NAME)

$$O_2N$$
 O
 CH
 S
 S
 $CH_2-CH_2-CO_2H$

RN 301681-81-2 CAPLUS

CN 2,4-Thiazolidinedione, 5-[[5-(3-nitrophenyl)-2-furanyl]methylene]- (9CI) (CA INDEX NAME)

RN 306318-97-8 CAPLUS

CN 3-Thiazolidineacetic acid, 5-[[5-(4-nitrophenyl)-2-furanyl]methylene]-4-oxo-2-thioxo-(9CI) (CA INDEX NAME)

$$O_2N$$
 O
 CH
 S
 S
 CH_2-CO_2H

RN 307324-90-9 CAPLUS

CN 4-Thiazolidinone, 3-(4-hydroxyphenyl)-5-[[5-(4-nitrophenyl)-2-furanyl]methylene]-2-thioxo-(9CI) (CA INDEX NAME)

RN 307552-75-6 CAPLUS

CN 3-Thiazolidineacetic acid, 5-[[5-(4-nitrophenyl)-2-furanyl]methylene]-4οxo-α-propyl-2-thioxo- (9CI) (CA INDEX NAME)

RN 312716-52-2 CAPLUS

CN 3-Thiazolidineacetic acid, 5-[[5-(2-methyl-4-nitrophenyl)-2-furanyl]methylene]-4-oxo-2-thioxo-(9CI) (CA INDEX NAME)

$$O_2N$$
 O_2N
 O_2N

RN 324565-42-6 CAPLUS

CN 4-Thiazolidinone, 3-(2-methoxyethyl)-5-[[5-(3-nitrophenyl)-2-furanyl]methylene]-2-thioxo-(9CI) (CA INDEX NAME)

$$O_2N$$
 O CH S S CH_2-CH_2-OMe

RN 324566-90-7 CAPLUS

CN 3-Thiazolidinebutanoic acid, 5-[[5-(3-nitrophenyl)-2-furanyl]methylene]-4-oxo-2-thioxo-(9CI) (CA INDEX NAME)

$$O_2N$$
 O
 CH
 S
 S
 $CH_2)_3 - CO_2H$

RN 327032-88-2 CAPLUS

CN 3-Thiazolidineacetic acid, 5-[[5-(4-chloro-3-nitrophenyl)-2-furanyl]methylene]-4-oxo-2-thioxo-(9CI) (CA INDEX NAME)

RN 327033-04-5 CAPLUS

CN 2,4-Thiazolidinedione, 5-[[5-(4-chloro-3-nitrophenyl)-2-furanyl]methylene](9CI) (CA INDEX NAME)

RN 329001-82-3 CAPLUS

CN 4-Thiazolidinone, 5-[[5-(2-methyl-4-nitrophenyl)-2-furanyl]methylene]-2-thioxo-(9CI) (CA INDEX NAME)

$$O_2N$$

$$O_2N$$

$$O_1$$

$$O_2N$$

$$O_3$$

$$O_4$$

$$O$$

RN 329001-85-6 CAPLUS

CN 2,4-Thiazolidinedione, 5-[[5-(2-methyl-4-nitrophenyl)-2-furanyl]methylene]-(9CI) (CA INDEX NAME)

$$O_2N$$
 O_2N
 O_2N

RN 329002-11-1 CAPLUS

CN 3-Thiazolidineacetic acid, 5-[[5-(3-methyl-4-nitrophenyl)-2-furanyl]methylene]-4-oxo-2-thioxo-(9CI) (CA INDEX NAME)

$$O_2N$$
 O_2N
 O_2N

RN 331640-04-1 CAPLUS

CN 4-Thiazolidinone, 5-[[5-(4-chloro-3-nitrophenyl)-2-furanyl]methylene]-2-thioxo-(9CI) (CA INDEX NAME)

RN 331652-49-4 CAPLUS

CN 2,4-Thiazolidinedione, 5-[[5-(2-methyl-5-nitrophenyl)-2-furanyl]methylene]-(9CI) (CA INDEX NAME)

RN 339015-48-4 CAPLUS

CN 3-Thiazolidineacetic acid, 5-[[5-[4-(ethoxycarbonyl)phenyl]-2-furanyl]methylene]-4-oxo-2-thioxo- (9CI) (CA INDEX NAME)

RN 344944-94-1 CAPLUS

CN 4-Thiazolidinone, 5-[[5-(2-chloro-4-nitrophenyl)-2-furanyl]methylene]-2-thioxo-(9CI) (CA INDEX NAME)

$$O_2N$$
 O_1
 O_2N
 O_3
 O_4
 O_4
 O_5
 O_4
 O_5
 O_4
 O_5
 O_5
 O_7
 $O_$

RN 366459-92-9 CAPLUS

CN Benzoic acid, 3-methyl-4-[5-[(3-methyl-2,4-dioxo-5-thiazolidinylidene)methyl]-2-furanyl]- (9CI) (CA INDEX NAME)

RN 373611-94-0 CAPLUS

CN 3-Thiazolidineethanesulfonic acid, 5-[[5-(3-nitrophenyl)-2-furanyl]methylene]-4-oxo-2-thioxo- (9CI) (CA INDEX NAME)

$$O_2N$$
 O
 CH
 S
 S
 $CH_2-CH_2-SO_3H$

RN 387359-41-3 CAPLUS

CN 2,4-Thiazolidinedione, 5-[[5-(2-chloro-4-nitrophenyl)-2-furanyl]methylene](9CI) (CA INDEX NAME)

$$C1$$
 CH
 N
 H

RN 387873-49-6 CAPLUS

CN 3-Thiazolidineacetic acid, 5-[[5-(4-methyl-3-nitrophenyl)-2-furanyl]methylene]-4-oxo-2-thioxo-(9CI) (CA INDEX NAME)

Me
$$\sim$$
 CH \sim CH2-CO2H

RN 388079-86-5 CAPLUS

CN 4-Thiazolidinone, 5-[[5-(4-methoxy-3-nitrophenyl)-2-furanyl]methylene]-2-thioxo-(9CI) (CA INDEX NAME)

RN 425615-56-1 CAPLUS

CN Benzoic acid, 2-chloro-4-[5-[(3-methyl-2,4-dioxo-5-thiazolidinylidene)methyl]-2-furanyl]- (9CI) (CA INDEX NAME)

RN 428858-13-3 CAPLUS

CN 2,4-Thiazolidinedione, 3-ethyl-5-[[5-(4-nitrophenyl)-2-furanyl]methylene]-(9CI) (CA INDEX NAME)

RN 431928-32-4 CAPLUS

CN 3-Thiazolidineacetic acid, 5-[[5-(3-carboxy-4-chlorophenyl)-2-furanyl]methylene]-2,4-dioxo-, α-ethyl ester (9CI) (CA INDEX NAME)

RN 431932-02-4 CAPLUS

CN 3-Thiazolidineacetic acid, 5-[[5-(4-chloro-3-nitrophenyl)-2-furanyl]methylene]-2,4-dioxo-, ethyl ester (9CI) (CA INDEX NAME)

RN 431941-25-2 CAPLUS
CN 4-Thiazolidinone, 5-[[5-(4-nitrophenyl)-2-furanyl]methylene]-3-(3-pyridinylmethyl)-2-thioxo- (9CI) (CA INDEX NAME)

RN 431977-82-1 CAPLUS
CN 3-Thiazolidineacetic acid, 5-[[5-(4-nitrophenyl)-2-furanyl]methylene]-2,4dioxo-, ethyl ester (9CI) (CA INDEX NAME)

RN 431978-00-6 CAPLUS
CN 3-Thiazolidineacetic acid, 5-[[5-(2-methoxy-4-nitrophenyl)-2-furanyl]methylene]-2,4-dioxo-, ethyl ester (9CI) (CA INDEX NAME)

$$\begin{array}{c|c} OMe & & & \\ \hline O_2N & & & \\ \hline \end{array}$$

RN 431978-60-8 CAPLUS

CN 4-Thiazolidinone, 3-(2-methoxyethyl)-5-[[5-(4-nitrophenyl)-2-furanyl]methylene]-2-thioxo-(9CI) (CA INDEX NAME)

$$O_2N$$
 O
 CH
 S
 S
 CH_2-CH_2-OMe

RN 432002-09-0 CAPLUS

CN 3-Thiazolidineacetic acid, 5-[[5-(5-carboxy-2-methylphenyl)-2-furanyl]methylene]-2,4-dioxo-, α -ethyl ester (9CI) (CA INDEX NAME)

RN 432018-88-7 CAPLUS

CN 3-Thiazolidineacetic acid, 5-[[5-(3-nitrophenyl)-2-furanyl]methylene]-2,4-dioxo-, ethyl ester (9CI) (CA INDEX NAME)

RN 432502-90-4 CAPLUS

CN 3-Thiazolidineacetic acid, 5-[[5-(2-chloro-4-nitrophenyl)-2-furanyl]methylene]-2,4-dioxo-, ethyl ester (9CI) (CA INDEX NAME)

$$C1$$
 O_2N
 CH
 CH
 CH_2
 CH_2
 CH_2
 CH_2

RN 432509-78-9 CAPLUS

CN 3-Thiazolidineacetic acid, 5-[[5-(4-carboxy-3-chlorophenyl)-2-furanyl]methylene]-2,4-dioxo-, α-ethyl ester (9CI) (CA INDEX NAME)

RN 432514-76-6 CAPLUS

CN 3-Thiazolidineacetic acid, 5-[[5-[4-(butoxycarbonyl)phenyl]-2-furanyl]methylene]-4-oxo-2-thioxo- (9CI) (CA INDEX NAME)

$$n-BuO-C$$
 O
 CH_2-CO_2H

RN 433237-80-0 CAPLUS

CN 3-Thiazolidineacetic acid, 5-[[5-(2-methyl-4-nitrophenyl)-2-furanyl]methylene]-2,4-dioxo-, ethyl ester (9CI) (CA INDEX NAME)

RN 433240-28-9 CAPLUS

CN 3-Thiazolidineacetic acid, 5-[[5-[3-(aminosulfonyl)phenyl]-2-furanyl]methylene]-4-oxo-2-thioxo- (9CI) (CA INDEX NAME)

$$H_2N-S$$
 O
 CH_2-CO_2H

RN 500134-94-1 CAPLUS

CN 3-Thiazolidineacetic acid, 5-[[5-(4-carboxyphenyl)-2-furanyl]methylene]-2,4-dioxo-, α -methyl ester (9CI) (CA INDEX NAME)

RN 573938-94-0 CAPLUS

CN Benzoic acid, 4-[5-[(3-ethyl-2,4-dioxo-5-thiazolidinylidene)methyl]-2-furanyl]- (9CI) (CA INDEX NAME)

RN 591224-15-6 CAPLUS

CN Benzenesulfonamide, 4-[5-[[3-[(4-methoxyphenyl)methyl]-4-oxo-2-thioxo-5-thiazolidinylidene]methyl]-2-furanyl]- (9CI) (CA INDEX NAME)

PAGE 1-A

PAGE 2-A

RN 591224-26-9 CAPLUS

CN 3-Thiazolidineacetic acid, 5-[[5-[3-(methoxycarbonyl)phenyl]-2-furanyl]methylene]-4-oxo-2-thioxo-(9CI) (CA INDEX NAME)

MeO-C
$$CH$$
 CH CH_2-CO_2H

RN 593266-13-8 CAPLUS

CN 3-Thiazolidineacetic acid, 5-[[5-(5-carboxy-2-methylphenyl)-2-

furanyl]methylene]- α -methyl-2,4-dioxo-, α -methyl ester (9CI) (CA INDEX NAME)

RN 593272-19-6 CAPLUS

CN 3-Thiazolidineacetic acid, 5-[[5-(4-carboxy-3-chlorophenyl)-2-furanyl]methylene]-2,4-dioxo-, α -methyl ester (9CI) (CA INDEX NAME)

RN 593275-67-3 CAPLUS

CN 3-Thiazolidineacetic acid, 5-[[5-(4-carboxy-3-chlorophenyl)-2-furanyl]methylene]- α -methyl-2,4-dioxo-, α -methyl ester (9CI) (CA INDEX NAME)

RN 676643-59-7 CAPLUS

CN 3-Thiazolidinebutanoic acid, 5-[[5-(4-chloro-3-nitrophenyl)-2-furanyl]methylene]-4-oxo-2-thioxo-(9CI) (CA INDEX NAME)

RN 690686-89-6 CAPLUS

CN 3-Thiazolidineacetic acid, 5-[[5-(4-carboxy-2-methylphenyl)-2-furanyl]methylene]-2,4-dioxo-, α -methyl ester (9CI) (CA INDEX NAME)

RN 690686-93-2 CAPLUS

CN 3-Thiazolidineacetic acid, 5-[[5-(2-methoxy-4-nitrophenyl)-2-furanyl]methylene]-2,4-dioxo-, methyl ester (9CI) (CA INDEX NAME)

$$\begin{array}{c|c} OMe & & & & \\ \hline \\ O_2N & & & \\ \hline \\ O & & \\ \hline \\ CH_2-C-OMe \\ \end{array}$$

RN 690702-76-2 CAPLUS

CN 3-Thiazolidineacetic acid, 5-[[5-(4-nitrophenyl)-2-furanyl]methylene]-2,4-dioxo-, methyl ester (9CI) (CA INDEX NAME)

$$O_2N$$
 O_2N
 O_2N

RN 692266-45-8 CAPLUS

CN 2,4-Thiazolidinedione, 3-ethyl-5-[[5-(2-methoxy-4-nitrophenyl)-2-furanyl]methylene]- (9CI) (CA INDEX NAME)

RN 692270-02-3 CAPLUS

CN 3-Thiazolidineacetic acid, α -methyl-5-[[5-(4-methyl-3-nitrophenyl)-2-furanyl]methylene]-2,4-dioxo-, methyl ester (9CI) (CA INDEX NAME)

IT 141-84-4

RL: RCT (Reactant); RACT (Reactant or reagent) (heterocyclic compds. for modulating neurotrophin-mediated activity)

RN 141-84-4 CAPLUS

CN 4-Thiazolidinone, 2-thioxo- (9CI) (CA INDEX NAME)

L148 ANSWER 5 OF 56 CAPLUS COPYRIGHT 2006 ACS on STN

ACCESSION NUMBER: 2005:177896 CAPLUS

DOCUMENT NUMBER: 142:280225

TITLE: Preparation of capped aminopyrazinoylguanidines as

sodium channel blockers

INVENTOR(S): Johnson, Michael R.; Molino, Bruce F.; Zhang,

Jianzhong; Sargent, Bruce J.

PATENT ASSIGNEE(S): Parion Sciences, Inc., USA SOURCE: PCT Int. Appl., 100 pp.

CODEN: PIXXD2

DOCUMENT TYPE: Patent LANGUAGE: English

FAMILY ACC. NUM. COUNT: 4

PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2005018644	A1	20050303	WO 2004-US26885	20040818

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WO 2005018644
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PRIORITY APPLN. INFO.:
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                                                                                  P
                                                        US 2004-920410
                                                                                  A1 20040818
OTHER SOURCE(S):
                               MARPAT 142:280225
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GΙ

Title compds. [I; X = H, halo, CF3, alkyl, (substituted) Ph, etc.; Y = H, AB OH, SH, alkoxy, alkylthio, halo, alkyl, (substituted) aryl, etc.; R1 = H, alkyl; R2 = R7, (CH2)mOR8, (CH2)mNR7R10, (CH2CH2O)mR8, etc.; m = 1-7; R3,R4 = H, alkyl, hydroxyalkyl, Ph, phenylalkyl, naphthylalkyl, pyridylalkyl, etc.; R7 = H, alkyl, (substituted) Ph, etc.; R8 = H, alkyl, 2-tetrahydropyranyl, glucuronide, etc.; R10 = H, SO2Me, COR13, CO2R13, etc.; R13 = H, R7, R10, etc.; with provisos], were prepared Thus, [4-(4-hydroxyphenyl)butyl]carbamic acid benzyl ester in EtOH at 70° was treated with oxiranylmethanol over 4 h to give 4.6% [4-[4-[3-(2,3-dihydroxypropoxy)-2-hydroxypropoxy]phenyl]butyl]carbamic acid benzyl ester. This was hydrogenolyzed in EtOH over Pd/C to give 51% 3-[3-[4-(4-aminobutyl)phenoxy]-2-hydroxypropoxy]propane-1,2-diol. The latter was stirred with Et3N and 1-(3,5-diamino-6-chloropyrazine-2carbonyl)-2-methylisothiourea hydroiodide in EtOH at 65° to give 36% N-(3,5-diamino-6-chloropyrazine-2-carbonyl)-N'-[4-[4-[3-(2,3dihydroxypropoxy)-2-hydroxypropoxy]phenyl]butyl]guanidine (PSA 15143). The latter showed Na channel blocking activity with EC50 = 7 nM. IC ICM A61K031-4965 ICS C07C241-02

28-17 (Heterocyclic Compounds (More Than One Hetero Atom)) CC Section cross-reference(s): 1, 63

Ι

ST aminopyrazinoylguanidine capped prepn sodium channel blocker; pyrazinoylguanidine amino chloro prepn dry mucous membrane skin treatment; bronchitis cystic fibrosis sinusitis hypertension constipation treatment aminopyrazinoyl quanidine

IT Asthma

Cystic fibrosis

Edema Emphysema Hypertension Sjogren's syndrome

(treatment; preparation of aminopyrazinoylguanidines as sodium channel blockers)

IT 847200-78-6P 847200-80-0P 847200-82-2P 847200-84-4P 847200-86-6P 847200-87-7P 847200-88-8P 847200-85-5P 847200-89-9P 847200-91-3P 847200-92-4P 847200-93-5P 847200-90-2P 847200-94-6P 847236-78-6P, PSA 17482 847236-85-5P, PSA 16437 847236-86-6P, PSA 16208 847236-87-7P, PSA 15143

RL: PAC (Pharmacological activity); SPN (Synthetic preparation); THU (Therapeutic use); BIOL (Biological study); PREP (Preparation); USES (Uses)

(claimed compound; preparation of aminopyrazinoylguanidines as sodium channel

blockers)

IT 847200-78-6P

RL: PAC (Pharmacological activity); SPN (Synthetic preparation); THU (Therapeutic use); BIOL (Biological study); PREP (Preparation); USES (Uses)

(claimed compound; preparation of aminopyrazinoylguanidines as sodium channel

blockers)

RN 847200-78-6 CAPLUS

CN Pyrazinecarboxamide, 3,5-diamino-6-chloro-N-[[[4-[4-[3-(2,4-dioxo-5-thiazolidinyl)propoxy]phenyl]butyl]amino]iminomethyl]- (9CI) (CA INDEX NAME)

PAGE 1-A

PAGE 2-A

REFERENCE COUNT:

THERE ARE 4 CITED REFERENCES AVAILABLE FOR THIS 4 RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

CAPLUS COPYRIGHT 2006 ACS on STN L148 ANSWER 6 OF 56

ACCESSION NUMBER:

2005:158635 CAPLUS

DOCUMENT NUMBER:

142:261557

TITLE:

Preparation of cyclic pyrazinoylguanidine sodium

channel blockers

INVENTOR(S):

Johnson, Michael R.

PATENT ASSIGNEE(S):

Parion Sciences, Inc., USA

SOURCE:

PCT Int. Appl., 101 pp. CODEN: PIXXD2

DOCUMENT TYPE:

Patent

LANGUAGE:

English

FAMILY ACC. NUM. COUNT:

PATENT INFORMATION:

PATENT NO.	KI	KIND DATE		APPLICATION NO.						DATE			
WO 2005016879	A:	A2 20050224			WO 2004-US26880					20040818			
WO 2005016879	A.	A3 20050602											
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GE, GI	, GM, HR	, HU, IE), IL,	IN,	IS,	JP,	KE,	KG,	ΚP,	KR,	KZ,	LC,	
LK, LF	L, LS, LT	, LU, LV	7, MA,	MD,	MG,	MK,	MN,	MW,	MX,	ΜZ,	NA,	NI,	
NO, NZ	, OM, PG	, PH, PL	, PT,	RO,	RU,	SC,	SD,	SE,	SG,	SK,	SL,	SY,	
TJ, T	I, TN, TR	, TT, T2	, UA,	UG,	US,	UZ,	VC,	VN,	YU,	ZA,	ZM,	ZW	
RW: BW, GH	, GM, KE	, LS, MW	, MZ,	NA,	SD,	SL,	SZ,	ΤŻ,	UG,	ZM,	ZW,	AM,	
AZ, B	, KG, KZ	, MD, RU	I, TJ,	TM,	ΑT,	BE,	BG,	CH,	CY,	CZ,	DE,	DK,	
EE, ES	, FI, FR	, GB, GR	, HU,	ΙE,	IT,	LU,	MC,	NL,	PL,	PT,	RO,	SE,	
SI, SH	TR, BF	, BJ, CF	CG,	CI,	CM,	GΑ,	GN,	GQ,	GW,	ML,	MR,	ΝE,	
SN, TI	, TG												
US 2005059676	A	1 200	50317	τ	JS 20	004-9	9203	53		20	0040	818	
PRIORITY APPLN. IN	O.:		US 2003-495720P					P 20030818					
OTHER SOURCE(S):	MA	RPAT 142	:2615	57									
GI													

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The title compds. I [X = halo, etc.; Y = H, hydroxyl, etc.; R1 = H, alkyl;
AB
    R2 = R7, etc.; R3, R4 = H, alkyl, etc.; R7 = (un)substituted Ph, etc],
    useful as sodium channel blockers (no data), are prepared Thus,
    N-(3,5-diamino-6-chloropyrazine-2-carbonyl)-N'-[4-[1-(2-
    hydroxyethyl)piperidin-4-yl]butyl]quanidine dihydrochloride was prepared in
    a multistep process starting from 4-(piperidin-4-yl)butyric acid HCl salt.
IC
    28-17 (Heterocyclic Compounds (More Than One Hetero Atom))
CC
     Section cross-reference(s): 1, 63
IT
    Antiasthmatics
    Antihypertensives
    Asthma
       Cystic fibrosis
    Diuresis
    Diuretics
    Edema
     Emphysema
    Hypertension
     Pneumonia
     Sjogren's syndrome
     Sodium channel blockers
        (preparation and use of cyclic pyrazinoylguanidine sodium channel blockers)
                   845753-55-1P
                                   845753-56-2P
                                                 845753-57-3P
                                                                 845753-58-4P
IT
     845753-54-0P
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     (Therapeutic use); BIOL (Biological study); PREP (Preparation); USES
     (Uses)
        (preparation of cyclic pyrazinoylguanidine sodium channel blockers)
     845753-74-4P
ΤТ
     RL: PAC (Pharmacological activity); SPN (Synthetic preparation); THU
     (Therapeutic use); BIOL (Biological study); PREP (Preparation); USES
     (Uses)
        (preparation of cyclic pyrazinoylguanidine sodium channel blockers)
RN
     845753-74-4 CAPLUS
     Pyrazinecarboxamide, 3,5-diamino-6-chloro-N-[[[4-[4-[3-(2,4-dioxo-5-
CN
     thiazolidinyl)propoxy]-1-piperidinyl]butyl]amino]iminomethyl]- (9CI)
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INDEX NAME)

PAGE 1-A

PAGE 2-A

L148 ANSWER 7 OF 56 CAPLUS COPYRIGHT 2006 ACS on STN

ACCESSION NUMBER: 2005:497502 CAPLUS

DOCUMENT NUMBER: 143:53440

TITLE: Substituted benzoimidazole compounds as transcription

factor-modulating compounds useful as anti-infectives Levy, Stuart B.; Alekshun, Michael N.; Podlogar, Brent

L.; Ohemeng, Kwasi; Verma, Atul K.; Warchol, Tadeusz;

Bhatia, Beena; Bowser, Todd; Grier, Mark

PATENT ASSIGNEE(S): Paratek Pharmaceuticals, Inc., USA

SOURCE: U.S. Pat. Appl. Publ., 463 pp., Cont.-in-part of U.S.

Ser. No. 139,591.

CODEN: USXXCO

DOCUMENT TYPE: Patent LANGUAGE: English

FAMILY ACC. NUM. COUNT: 4

PATENT INFORMATION:

INVENTOR(S):

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20050427 EP 2002-807554
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PRIORITY APPLN. INFO.:
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                                                           P 20021025
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                                         US 2002-429142P
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                                                           P 20030331
                       MARPAT 143:53440
OTHER SOURCE(S):
    Substituted benzoimidazole compds. useful as anti-infectives that decrease
    resistance, virulence, or growth of microbes are provided. Methods of
    making and using substituted benzoimidazole compds., as well as
```

pharmaceutical prepns. thereof, in, e.g., reducing antibiotic resistance and inhibiting biofilms. The present invention identifies microbial transcription factors, especially transcription factors of the AraC-XylS family,

as virulence factors in microbes and shows that inhibition of these factors reduces the virulence of microbial cells. Because these transcription factors control virulence, rather than essential cellular processes, the development of resistance is much less likely.

ICM A61K031-4184 TC

INCL 514394000

1-5 (Pharmacology) CC

Section cross-reference(s): 10, 28, 63

ΙT Acne

IT

Cystic fibrosis

Osteomyelitis

(treatment of biofilms in; substituted benzoimidazole compds. as transcription factor-modulating compds. useful as anti-infectives) 117-39-5 480-23-9 520-36-5 891-43-0 1218-82-2 1571-90-0 1772-39-0 2513-33-9 2555-29-5 3164-28-1 1645-21-2 4143-74-2 4143-63-9 5211-78-9 5346-13-4 5452-31-3 10420-73-2 14172-90-8 14172-91-9 14172-92-0 10066-15-6 14514-68-2 14518-23-1 16796-31-9 18384-19-5 14244-55-4 22198-48-7 22395-22-8 22697-40-1 22894-67-3 18706-63-3 31283-09-7 32396-64-8 33289-14-4 36387-84-5 25437-73-4 39776-53-9 41383-95-3 41383-96-4 49619-82-1 39679-60-2 50878-11-0 55736-01-1 57645-95-1 58996-65-9 50287-25-7 63046-14-0 63576-07-8 65047-30-5 67574-58-7 62536-78-1 70591-05-8 71348-79-3 71720-87-1 76648-60-7 70188-31-7 84437-40-1 88379-74-2 89002-85-7 89813-65-0 79049-98-2 91486-87-2 92301-83-2 92831-11-3 92897-45-5 91352-96-4 95594-15-3 95716-70-4 96754-58-4 103855-21-6 95356-81-3 106726-42-5 107792-87-0 107607-43-2 109211-66-7 104676-23-5 126145-51-5 116718-53-7 129415-03-8 109723-54-8 110442-19-8 129718-80-5 129886-25-5 129886-26-6 138884-21-6 138915-42-1 154678-99-6 154546-75-5 140410-61-3 146618-32-8 154269-13-3 156172-93-9 157428-39-2 157428-40-5 154867-12-6 155276-97-4

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RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL
(Biological study); USES (Uses)
```

compds. useful as anti-infectives)
285987-31-7

IT

RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)

(substituted benzoimidazole compds. as transcription factor-modulating compds. useful as anti-infectives)

(substituted benzoimidazole compds. as transcription factor-modulating

RN 285987-31-7 CAPLUS

CN 4-Thiazolidinone, 3-(3-chlorophenyl)-5-[(5,7-dimethyl-4-oxo-4H-1-benzopyran-3-yl)methylene]-2-thioxo-(9CI) (CA INDEX NAME)

L148 ANSWER 8 OF 56 CAPLUS COPYRIGHT 2006 ACS on STN

ACCESSION NUMBER: 2005:342583 CAPLUS

DOCUMENT NUMBER: 143:262072

TITLE: Activation of G551D-CFTR by bicyclooctane compounds is cAMP-dependent and exhibits low

```
sensitivity to thiazolidinone CFTR inhibitor
CFTRinh-172
AUTHOR(S): Wang, Ying; Zhao, Lu; He, Cheng-yan; Xu, Li-na; Yang,
```

Hong

CORPORATE SOURCE: Membrane Channel Research Laboratory, Northeast Normal

University, Changchun, 130024, Peop. Rep. China Chemical Research in Chinese Universities (2005),

21(2), 183-186

CODEN: CRCUED; ISSN: 1005-9040

PUBLISHER: Higher Education Press

DOCUMENT TYPE: Journal LANGUAGE: English

AB The G551D-CFTR mutation causing cystic

fibrosis (CF) results from a missense mutation at codon 551 (G551D) in the gene encoding of the cystic fibrosis transmembrane conductance regulator (CFTR). The G551D mutation in CFTR results in a reduced functional channel but G551D-CFTR is appropriately inserted in the apical membrane. In previous studies we discovered a class of high-affinity bicyclooctane (BCO) G551D-CFTR activators (G551DBCOS) with Kd down to 1 µmol/L. In this study, we analyzed the pharmacol. activation of G551D-CFTR by the G551DBCOS by means of short circuit current anal. and cell-based fluorescence quenching assay. The G551DBCOS-induced G551D-CFTR activation is cAMP-dependent and is less sensitive to thiazolidinone CFTR inhibitor CFTRinh-172. These data suggest that (1) the phosphorylation of G551D-CFTR by protein kinase A is required for the activation by G551DBCOS; (2) G551DBCOS and CFTRinh-172 may act at the same site on the G551D-CFTR

CC 6-3 (General Biochemistry)
Section cross-reference(s): 1, 13, 14

ST cystic fibrosis transmembrane conductance regulator mutant bicyclooctane activation cAMP; CFTR mutant G551D protein bicyclooctane binding partial inhibition thiazolidinone

IT Animal cell line

(FRT (Fischer rat thyroid); activation of G551D-CFTR by bicyclooctane compds. is cAMP-dependent and exhibits low sensitivity to thiazolidinone CFTR inhibitor CFTRinh-172)

IT Human

SOURCE:

(activation of G551D-CFTR by bicyclooctane compds. is cAMP-dependent and exhibits low sensitivity to thiazolidinone CFTR inhibitor CFTRinh-172)

IT CFTR (cystic fibrosis transmembrane

conductance regulator)

RL: ADV (Adverse effect, including toxicity); BIOL (Biological study) (activation of G551D-CFTR by bicyclooctane compds. is cAMP-dependent and exhibits low sensitivity to thiazolidinone CFTR inhibitor CFTRinh-172)

IT Electric current

(biol.; activation of G551D-CFTR by bicyclooctane compds. is cAMP-dependent and exhibits low sensitivity to thiazolidinone CFTR inhibitor CFTRinh-172)

IT Biological transport

(efflux, channel-mediated; activation of G551D-CFTR by bicyclooctane compds. is cAMP-dependent and exhibits low sensitivity to thiazolidinone CFTR inhibitor CFTRinh-172)

IT Biological transport

(influx, channel-mediated; activation of G551D-CFTR by bicyclooctane compds. is cAMP-dependent and exhibits low sensitivity to thiazolidinone CFTR inhibitor CFTRinh-172)

IT Mutation

(missense, G551D; activation of G551D-CFTR by bicyclooctane compds. is cAMP-dependent and exhibits low sensitivity to thiazolidinone CFTR inhibitor CFTRinh-172)

IT 60-92-4, Cyclic AMP 141-84-4D, derivs.

RL: BSU (Biological study, unclassified); BIOL (Biological study) (activation of G551D-CFTR by bicyclooctane compds. is cAMP-dependent and exhibits low sensitivity to thiazolidinone CFTR inhibitor CFTRinh-172)

IT 5721-34-6D, derivs.

RL: BSU (Biological study, unclassified); DMA (Drug mechanism of action); PAC (Pharmacological activity); BIOL (Biological study) (activation of G551D-CFTR by bicyclooctane compds. is cAMP-dependent and exhibits low sensitivity to thiazolidinone CFTR inhibitor CFTRinh-172)

IT 7553-56-2, Iodine, biological studies

RL: BSU (Biological study, unclassified); BIOL (Biological study) (influx; activation of G551D-CFTR by bicyclooctane compds. is cAMP-dependent and exhibits low sensitivity to thiazolidinone CFTR inhibitor CFTRinh-172)

IT 56-84-8, L-Aspartic acid, biological studies
RL: ADV (Adverse effect, including toxicity); BIOL (Biological study)
(residue 551; activation of G551D-CFTR by bicyclooctane
compds. is cAMP-dependent and exhibits low sensitivity to
thiazolidinone CFTR inhibitor CFTRinh-172)

IT 56-40-6, Glycine, biological studies

RL: BSU (Biological study, unclassified); BIOL (Biological study) (residue 551; activation of G551D-CFTR by bicyclooctane compds. is cAMP-dependent and exhibits low sensitivity to thiazolidinone CFTR inhibitor CFTRinh-172)

IT 7782-50-5, Chlorine, biological studies

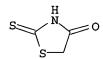
RL: BSU (Biological study, unclassified); BIOL (Biological study) (transport; activation of G551D-CFTR by bicyclooctane compds. is cAMP-dependent and exhibits low sensitivity to thiazolidinone CFTR inhibitor CFTRinh-172)

IT 141-84-4D, derivs.

RL: BSU (Biological study, unclassified); BIOL (Biological study) (activation of G551D-CFTR by bicyclooctane compds. is cAMP-dependent and exhibits low sensitivity to thiazolidinone CFTR inhibitor CFTRinh-172)

RN 141-84-4 CAPLUS

CN 4-Thiazolidinone, 2-thioxo- (9CI) (CA INDEX NAME)



REFERENCE COUNT: 11 THERE ARE 11 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L148 ANSWER 9 OF 56 CAPLUS COPYRIGHT 2006 ACS on STN

ACCESSION NUMBER: 2004:995913 CAPLUS

DOCUMENT NUMBER: 141:420443

TITLE: Cystic fibrosis therapy with PPAR-γ inducers and antioxidants

INVENTOR(S): Freedman, Steven D.

PATENT ASSIGNEE(S): Beth Israel Deaconess Medical Center, USA

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SOURCE:
                          PCT Int. Appl., 43 pp.
                          CODEN: PIXXD2
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DOCUMENT TYPE: Patent LANGUAGE: English

FAMILY ACC. NUM. COUNT:

PATENT INFORMATION:

IT

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APPLICATION NO. DATE
     PATENT NO.
                       KIND DATE
     _____
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                                                                   -----
     WO 2004098510
                        A2
                                20041118
                                         WO 2004-US13412
                                                                  20040430
     WO 2004098510
                        A3
                                20050120
            AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH,
             CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD,
             GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC,
             LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NI,
             NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY,
             TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW
         RW: BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM,
             AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK,
             EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PL, PT, RO, SE,
             SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE,
             SN, TD, TG
PRIORITY APPLN. INFO.:
                                            US 2003-466672P
     This invention features methods for treating diseases associated with
     mutations in the CFTR gene by administering PPAR-\gamma
     inducers and/or antioxidants. Also disclosed are screening methods for
     identifying therapeutically useful candidate compds.
IC
     ICM A61K
CC
     1-9 (Pharmacology)
     Section cross-reference(s): 63
     cystic fibrosis therapy CFTR gene PPAR gamma
ST
     inducer antioxidant
IT
     Transcription factors
     RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL
     (Biological study); USES (Uses)
        (AP-1 (activator protein 1), inhibitors; cystic
        fibrosis therapy with PPAR-\gamma inducers and antioxidants)
IT
     Gene, animal
     RL: BSU (Biological study, unclassified); BIOL (Biological study)
        (CFTR; cystic fibrosis therapy with
        PPAR-γ inducers and antioxidants)
IT
     Transcription factors
     RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL
     (Biological study); USES (Uses)
        (NF-kB (nuclear factor of k light chain gene enhancer in
        B-cells), inhibitors; cystic fibrosis therapy with
        PPAR-\gamma inducers and antioxidants)
IT
     RNA
     RL: BSU (Biological study, unclassified); BIOL (Biological study)
        (PPAR-\gamma; cystic fibrosis therapy with
        PPAR-\gamma inducers and antioxidants)
     Transcription factors
TΤ
     RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL
     (Biological study); USES (Uses)
        (STAT (signal transducer and activator of transcription), inhibitors;
        cystic fibrosis therapy with PPAR-γ inducers
        and antioxidants)
     Biliary tract
```

(bile duct, cells; cystic fibrosis therapy with

PPAR- γ inducers and antioxidants)

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IT
    Intestine
    Lung
        (cells; cystic fibrosis therapy with PPAR-γ
        inducers and antioxidants)
    Lung, disease
ΙT
        (chronic obstructive pulmonary disease; cystic
        fibrosis therapy with PPAR-\gamma inducers and antioxidants)
ΙT
    Vas deferens
        (congenital bilateral absence of; cystic fibrosis
        therapy with PPAR-\gamma inducers and antioxidants)
IT
     Antioxidants
     Asthma
       Cystic fibrosis
     Drug screening
    Gene therapy
    Human
    Macrophage
     Pancreas
        (cystic fibrosis therapy with PPAR-γ inducers
        and antioxidants)
TТ
     Spiro compounds
     RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL
     (Biological study); USES (Uses)
        (cystic fibrosis therapy with PPAR-γ inducers
        and antioxidants)
    Mutation
IT
        (in the CFTR gene; cystic fibrosis
        therapy with PPAR-\gamma inducers and antioxidants)
    Drug delivery systems
IT
        (inhalants; cystic fibrosis therapy with
        PPAR-γ inducers and antioxidants)
    Drug delivery systems
IT
        (injections, i.v.; cystic fibrosis therapy with
        PPAR-\gamma inducers and antioxidants)
TΤ
     Inflammation
     Pancreas, disease
        (pancreatitis; cystic fibrosis therapy with
        PPAR-γ inducers and antioxidants)
IT
    Biliary tract, disease
     Inflammation
        (sclerosing cholangitis; cystic fibrosis therapy
        with PPAR-γ inducers and antioxidants)
IT
     Inflammation
     Respiratory system, disease
        (sinusitis, chronic; cystic fibrosis therapy with
        PPAR-\gamma inducers and antioxidants)
IT
     Peroxisome proliferator-activated receptors
     RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL
     (Biological study); USES (Uses)
        (\gamma, inducers; cystic fibrosis therapy with
        PPAR-γ inducers and antioxidants)
IT
     154563-54-9
     RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL
     (Biological study); USES (Uses)
        (SP 100030; cystic fibrosis therapy with
        PPAR-γ inducers and antioxidants)
    3483-12-3, Dithiothreitol
                                 6892-68-8, Dithioerythritol
                  23134-05-6, Pyrosulfite
    Dithionite
    RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL
     (Biological study); USES (Uses)
```

(cystic fibrosis therapy with PPAR- inducers and antioxidants)

50-81-7, Vitamin C, biological studies IT 52-90-4, Cysteine, biological studies 53-86-1, Indomethacin 87-17-2D, Salicylanilide, derivs. 129-56-6, SP600125 328-90-5, 2-Hydroxy-4-trifluoromethylbenzoic acid 328-90-5D, 2-Hydroxy-4-trifluoromethylbenzoic acid, derivs. Curcumin 500-38-9, Nordihydroguaiaretic acid 891-60-1, Declopramide 1406-18-4, Vitamin E 2295-31-0D, Thiazolidinedione, derivs. 7235-40-7, Beta-carotene 7782-49-2, Selenium, biological studies 10417-94-4, Eicosapentaenoic acid 15687-27-1, Ibuprofen 25769-03-3, 1-Pyrrolidinecarbodithioic acid 29679-58-1, Fenoprofen 29908-03-0 58186-27-9, Idebenone 97322-87-7, Troglitazone 160162-42-5 167869-21-8, PD98059 122320-73-4, Rosiglitazone 193295-10-2, STAT-induced STAT inhibitor 1 173026-17-0, BXT-51072 (mouse) 286465-43-8 286465-44-9 476198-73-9, Dexlipotam 796857-01-7, SSI 2 796857-00-6, SSI 3 RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses) (cystic fibrosis therapy with PPAR-γ inducers and antioxidants) 2295-31-0D, Thiazolidinedione, derivs. 97322-87-7, IT Troglitazone 122320-73-4, Rosiglitazone RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL

(Biological study); USES (Uses)

(cystic fibrosis therapy with PPAR-γ inducers and antioxidants)

RN 2295-31-0 CAPLUS

CN 2,4-Thiazolidinedione (8CI, 9CI) (CA INDEX NAME)

RN 97322-87-7 CAPLUS

CN 2,4-Thiazolidinedione, 5-[[4-[(3,4-dihydro-6-hydroxy-2,5,7,8-tetramethyl-2H-1-benzopyran-2-yl)methoxy]phenyl]methyl]- (9CI) (CA INDEX NAME)

$$\begin{array}{c} \text{Me} \\ \text{Me} \\ \text{O} \\ \text{HO} \\ \text{Me} \\ \end{array}$$

122320-73-4 CAPLUS RN

2,4-Thiazolidinedione, 5-[[4-[2-(methyl-2-pyridinylamino)ethoxy]phenyl]met CN hyl] - (9CI) (CA INDEX NAME)

PAGE 1-A

PAGE 2-A



L148 ANSWER 10 OF 56 CAPLUS COPYRIGHT 2006 ACS on STN

ACCESSION NUMBER: 2004:490736 CAPLUS

DOCUMENT NUMBER: 141:47336

TITLE: Combination treatment for diabetes and related

diseases using exendins and thiazolidinediones

INVENTOR(S):

PATENT ASSIGNEE(S):

Knudsen, Lotte Bjerre Novo Nordisk A/S, Den. PCT Int. Appl., 31 pp.

SOURCE: CODEN: PIXXD2

DOCUMENT TYPE:

Patent English LANGUAGE:

FAMILY ACC. NUM. COUNT: 1

PATENT INFORMATION:

PATENT NO.						KIN	D	DATE			APPL	ICAT:	DATE						
WO 2004050115						A2	-	2004	 0617		WO 2	 003-1		20031201					
WO 2004050115						A 3		2004	0722										
		W:	ΑE,	AG,	AL,	AM,	AT,	ΑU,	ΑZ,	BA,	BB,	BG,	BR,	BW,	BY,	ΒZ,	CA,	CH,	
			CN.	CO.	CR.	CU.	CZ.	DE.	DK.	DM.	DZ.	EC.	EE.	EG.	ES.	FI.	GB.	GD.	

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GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC,
             LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NI, NO,
             NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ,
             TM, TN, TR, TT, TZ, UA, UG, UZ, VC, VN, YU, ZA, ZM, ZW
         RW: BW, GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ,
             BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE,
             ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK,
             TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG
                               20050907 EP 2003-775117
                         A2
                                                                   20031201
     EP 1569682
        R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT,
             IE, SI, LT, LV, FI, RO, MK, CY, AL, TR, BG, CZ, EE, HU, SK
     US 2004180824
                                20040916
                                            US 2003-726734
                                                                   20031203
                         Α1
PRIORITY APPLN. INFO.:
                                            DK 2002-1864
                                                                A 20021203
                                            US 2002-431999P
                                                                P 20021209
                                            WO 2003-DK824
                                                                W 20031201
     The invention provides methods for treatment and/or prevention of diabetes
AB
     and diabetes-related diseases. More specifically, the methods and uses of
     the invention pertains to administration of an exendin-4 compound in
     combination with administration of a thiazolidinedione insulin sensitizer.
     ICM A61K038-22
IC
     ICS A61K031-426; A61K031-427; A61P003-10
CC
     1-10 (Pharmacology)
TΤ
     Cystic fibrosis
        (diabetes related to; exendin-thiazolidinedione combination treatment
        for diabetes and related diseases)
IT
     2295-31-0D, Thiazolidinedione, derivs.
                                              25322-68-3D, Polyethylene
     glycol, exendin-4 conjugates 74772-77-3, Ciglitazone
     97322-87-7, Troglitazone 103926-56-3, TZD300512
     109229-58-5, Englitazone 111025-46-8, Pioglitazone
     118384-10-4, T174 122320-73-4, Rosiglitazone
     141200-24-0, Darglitazone 141732-76-5, Exendin 4
     161600-01-7, Isaglitazone 199113-98-9,
     5-[[4-[3-Methyl-4-oxo-3,4-dihydro-2-quinazolinyl]methoxy]phenyl-
     methyl]thiazolidine-2,4-dione 524675-01-2, CS 011 705950-21-6,
     CI 1037
     RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL
     (Biological study); USES (Uses)
        (exendin-thiazolidinedione combination treatment for diabetes and
        related diseases)
     2295-31-0D, Thiazolidinedione, derivs. 74772-77-3,
IT
     Ciglitazone 97322-87-7, Troglitazone 103926-56-3,
     TZD300512 109229-58-5, Englitazone 111025-46-8,
     Pioglitazone 118384-10-4, T174 122320-73-4,
     Rosiglitazone 141200-24-0, Darglitazone 161600-01-7,
     Isaglitazone 199113-98-9, 5-[[4-[3-Methyl-4-oxo-3,4-dihydro-2-
     quinazolinyl]methoxy]phenyl-methyl]thiazolidine-2,4-dione
     705950-21-6, CI 1037
     RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL
     (Biological study); USES (Uses)
        (exendin-thiazolidinedione combination treatment for diabetes and
        related diseases)
RN
     2295-31-0 CAPLUS
     2,4-Thiazolidinedione (8CI, 9CI) (CA INDEX NAME)
CN
```

RN 74772-77-3 CAPLUS

CN 2,4-Thiazolidinedione, 5-[[4-[(1-methylcyclohexyl)methoxy]phenyl]methyl]-(9CI) (CA INDEX NAME)

RN 97322-87-7 CAPLUS

CN 2,4-Thiazolidinedione, 5-[[4-[(3,4-dihydro-6-hydroxy-2,5,7,8-tetramethyl-2H-1-benzopyran-2-yl)methoxy]phenyl]methyl]- (9CI) (CA INDEX NAME)

$$\begin{array}{c} \text{Me} \\ \text{Me} \\ \text{HO} \\ \text{Me} \\ \text{O} \\ \text{CH}_2 - \text{O} \\ \text{O} \\ \text{N} \\ \text{H} \\ \text{O} \\ \text{O} \\ \text{N} \\ \text{O} \\ \text{O} \\ \text{N} \\ \text{O} \\ \text{$$

RN 103926-56-3 CAPLUS

CN 2,4-Thiazolidinedione, 5-[[4-[2-(2-phenyl-4-oxazolyl)ethoxy]phenyl]methyl]-(9CI) (CA INDEX NAME)

$$CH_2-CH_2-O$$
 CH_2
 CH_2

RN 109229-58-5 CAPLUS

CN 2,4-Thiazolidinedione, 5-[[3,4-dihydro-2-(phenylmethyl)-2H-1-benzopyran-6-yl]methyl]- (9CI) (CA INDEX NAME)

$$\begin{array}{c|c} & & & \\ & & \\ & & \\ N & \\ &$$

PAGE 1-A

PAGE 2-A

Εt

$$0 \longrightarrow S \longrightarrow CH_2 \longrightarrow N \longrightarrow CH_2$$

PAGE 1-A

PAGE 2-A

RN 141200-24-0 CAPLUS
CN 2,4-Thiazolidinedione, 5-[[4-[3-(5-methyl-2-phenyl-4-oxazolyl)-1-oxopropyl]phenyl]methyl]- (9CI) (CA INDEX NAME)

RN 161600-01-7 CAPLUS

CN 2,4-Thiazolidinedione, 5-[[6-[(2-fluorophenyl)methoxy]-2-naphthalenyl]methyl]- (9CI) (CA INDEX NAME)

$$CH_2-O$$
 CH_2
 CH_2

RN 199113-98-9 CAPLUS

CN 2,4-Thiazolidinedione, 5-[[4-[(3,4-dihydro-3-methyl-4-oxo-2-quinazolinyl)methoxy]phenyl]methyl]- (9CI) (CA INDEX NAME)

$$\begin{array}{c|c} & & & \\ &$$

RN 705950-21-6 CAPLUS

CN 2,4-Thiazolidinedione, 5-[[4-[(5-methoxy-1H-benzimidazol-2-yl)methoxy]phenyl]methyl]-, monohydrochloride, (+)- (9CI) (CA INDEX NAME)

Rotation (+).

Currently available stereo shown.

● HCl

L148 ANSWER 11 OF 56 CAPLUS COPYRIGHT 2006 ACS on STN

ACCESSION NUMBER: 2004:60341 CAPLUS

DOCUMENT NUMBER: 140:117406

TITLE: Liquid dosage compositions of stable nanoparticulate drugs

INVENTOR(S): Bosch, William H.; Hilborn, Matthew R.; Hovey, Douglas C.; Kline, Laura J.; Lee, Robert W.; Pruitt, John D.; Ryde, Niels P.; Ryde, Tuula A.; Xu, Shuqian

PATENT ASSIGNEE(S): Elan Pharma International, Ltd, Ire.

SOURCE:

PCT Int. Appl., 68 pp.

CODEN: PIXXD2

DOCUMENT TYPE: Patent LANGUAGE: English FAMILY ACC. NUM. COUNT: 16

PATENT INFORMATION:

PA	TENT 1	NO.			KIND DATE						ICAT:		DATE					
								1				20030716						
WO								0331										
	W:	ΑE,	AG,	AL,	AM,	ΑT,	ΑU,	ΑZ,	BA,	ВB,	BG,	BR,	BY,	ΒZ,	CA,	CH,	CN,	
		CO,	CR,	CU,	CZ,	DE,	DK,	DM,	DZ,	EC,	EE,	ES,	FI,	GB,	GD,	GE,	GH,	
		GM,	HR,	HU,	ID,	IL,	IN,	IS,	JP,	KΕ,	KG,	ΚP,	KR,	ΚZ,	LC,	LK,	LR,	
		LS,	LT,	LU,	LV,	MA,	MD,	MG,	MK,	MN,	MW,	MX,	ΜZ,	NI,	NO,	NZ,	OM,	
		PG,	PH,	PL,	PT,	RO,	RU,	SC,	SD,	SE,	SG,	SK,	SL,	SY,	ТJ,	TM,	TN,	
		TR,	TT,	TZ,	UA,	UG,	US,	UΖ,	VC,	VN,	ΥU,	ZA,	ZM,	ZW				
	RW:	GH,	GM,	KE,	LS,	MW,	MZ,	SD,	SL,	SZ,	TZ,	UG,	ZM,	ZW,	AM,	ΑZ,	BY,	
		KG,	ΚZ,	MD,	RU,	ТJ,	TM,	ΑT,	BE,	BG,	CH,	CY,	CZ,	DE,	DK,	EE,	ES,	
		FI,	FR,	GB,	GR,	HU,	ΙE,	IT,	LU,	MC,	NL,	PT,	RO,	SE,	SI,	SK,	TR,	
		BF,	ВJ,	CF,	CG,	CI,	CM,	GΑ,	GN,	GQ,	GW,	ML,	MR,	NE,	SN,	TD,	TG	
CA	2492	488			AA		2004	0122	(CA 2	003-:	24924	488	20030716				
EP	1551	457			A1		2005	0713	1	EP 2	003-	7647	23	20030716				
	R:	AT,	BE,	CH,	DE,	DK,	ES,	FR,	GB,	GR,	IT,	LI,	LU,	NL,	SE,	MC,	PT,	
		ΙE,	SI,	LT,	LV,	FI,	RO,	MK,	CY,	AL,	TR,	BG,	CZ,	EE,	HU,	SK		
JP	2005	5365	12		Т2		2005	1202	,	JP 2	004-	5218	91	20030716				
PRIORIT	Y APP	LN.	INFO	. :					1	US 2	002-3	3965	30P	P 20020716				
					1	WO 2	003-1	JS22	W 20030716									

- AB The present invention relates to liquid dosage compns. of stable nanoparticulate drugs. The liquid dosage compns. of the invention include osmotically active crystal growth inhibitors that stabilize the nanoparticulate active agents against crystal and particle size growth of the drug. Thus, an aqueous nanoparticulate colloidal dispersion (NCD) comprising drug 32.5 Copovidone 6.5, and dioctyl sodium sulfosuccinate 0.464% by weight was prepared by milling for 3.8 h under high energy milling conditions. The final mean particle size (by weight) of the drug particles was 161 nm. The concentrated NCD was then diluted with preserved water and glycerol (the osmotically active crystal growth inhibitor) to 0.5-3.0% drug.
- IC ICM A61K047-02
 - ICS A61K047-10; A61K047-26; A61K009-10; A61K009-14; A61K031-192; A61K031-58
- CC 63-6 (Pharmaceuticals)
- IT AIDS (disease)

Acne

Adrenoceptor agonists Allergy Allergy inhibitors Aloe barbadensis Alzheimer's disease

Analgesics

Anorexia Anthelmintics Anti-AIDS agents Anti-Alzheimer's agents Anti-inflammatory agents Antiarrhythmics Antiarthritics Antiasthmatics Antibacterial agents Antibiotics Anticoaqulants Anticonvulsants Antidepressants Antidiabetic agents Antiemetics Antihistamines Antihypertensives Antimigraine agents Antiobesity agents Antioxidants Antirheumatic agents Antitumor agents Antitussives Antiviral agents Anxiety Anxiolytics Arthritis Asthma Blood products Blood substitutes Cachexia Cardiovascular agents Cardiovascular system, disease Castration Cholinergic agonists Commiphora mukul Cough Cystic fibrosis Diabetes mellitus Diuresis Diuretics Dopamine agonists Drug bioavailability Drug bioequivalence Dysmenorrhea Dyspepsia Emphysema Epilepsy Fish Food Food additives Food poisoning Fungicides Gout Hemorrhage Hemostatics Herb Hirsutism

Hormone replacement therapy

Human

Hypertension Hypnotics and Sedatives Imaging agents Immunosuppressants Immunosuppression Inflammation Inotropics Kidney, disease Kidney, neoplasm Mammary gland, neoplasm Motion sickness Muscarinic antagonists Muscle contraction Muscle relaxants Neoplasm Obesity Osteoarthritis Osteoporosis Pain Parathyroid gland Particle size distribution Prostate gland, neoplasm Radiopharmaceuticals Respiratory distress syndrome Rheumatoid arthritis Shear Size reduction Sleep Solubility Stabilizing agents Storage Thrombosis Transplant and Transplantation Transplant rejection Uterus, neoplasm Vasodilation Vasodilators Viscosity

IT

(liquid dosage compns. of stable nanoparticulate drugs) 50-35-1, Thalidomide 50-44-2, Mercaptopurine 50-53-3, Chlorpromazine, biological studies 50-78-2, Acetylsalicylic acid 50-99-7, Glucose, 56-81-5, Glycerol, biological biological studies 52-53-9, Verapamil 56-85-9, Glutamine, biological studies 57-09-0, Hexadecyltrimethylammonium bromide 57-11-4, Stearic acid, biological 57-48-7, Fructose, biological studies 57-50-1, Sucrose, studies 57-55-6, Propylene glycol, biological studies biological studies 57-88-5, Cholesterol, biological studies 58-32-2, Dipyridamole 59-30-3, Folic acid, biological studies 62-49-7D, Choline, esters 64-17-5, Ethanol, biological studies 67-45-8, 63-42-3, Lactose 69-65-8, Mannitol 69-89-6D, Xanthine, derivs. 73 - 31 - 4, Furazolidone Melatonin 75-65-0, biological studies 80-74-0, Acetylsulfisoxazole 87-99-0, Xylitol 99-20-7, Trehalose 102-71-6, Triethanolamine, biological studies 110-86-1D, Pyridine, quaternized, salts 112-00-5, Lauryltrimethylammonium chloride 123-03-5, CPC 129-03-3, Cyproheptadine 132-17-2, Benztropine mesylate 134-32-7D, 1-Naphthylamine, alkyldimethylammonium salts 139-07-1, Lauryldimethylbenzylammonium chloride 140-72-7, Cetylpyridinium bromide 143-67-9, Vinblastine sulfate 148-79-8, Thiabendazole 151-21-3, SDS, biological studies 154-42-7, Thioguanine 288-32-4D, Imidazole,

quaternized, salts 303-53-7, Cyclobenzaprine 396-01-0, Triamterene 500-92-5, Proguanil 502-65-8, Lycopene 645-05-6, Altretamine 846-50-4, Temazepam 1119-94-4, Dodecyltrimethylammonium bromide 1119-97-7, Tetradecyltrimethylammonium bromide 1200-22-2, Lipoic acid 1327-43-1, Magnesium aluminum silicate 1592-23-0, Calcium Stearate 1643-19-2, Tetrabutylammonium bromide 1951-25-3, Amiodarone Loxapine 2062-78-4, Pimozide 2082-84-0, Decyltrimethylammonium bromide 2609-46-3, Amiloride 3416-24-8, Glucosamine 3458-28-4, Mannose 4205-90-7, Clonidine 4342-03-4, Dacarbazine 5137-55-3, Methyltrioctylammonium chloride 5350-41-4, Benzyltrimethylammonium 7173-51-5, Dimethyldidecylammonium chloride 7281-04-1, Lauryldimethylbenzylammonium bromide 7447-40-7, Potassium chloride (KCl), biological studies 7647-14-5, Sodium chloride, biological studies 7786-30-3, Magnesium chloride (MgCl2), biological studies 9000-01-5, Gum acacia 9000-30-0D, Guar gum, cationic derivs. 9000-65-1, Tragacanth 9001-63-2, Lysozyme 9002-89-5, Poly(vinyl alcohol) 9003-39-8, qum Polyvinylpyrrolidone 9004-32-4 9004-34-6, Cellulose, biological studies 9004-54-0, Dextran, biological studies 9004-62-0, Hydroxyethyl cellulose 9004-64-2, Hydroxypropyl cellulose 9004-65-3, Hypromellose 9004-67-5, Methyl cellulose 9004-99-3, Polyethylene glycol stearate 9005-32-7, Alginic acid 9007-12-9, Calcitonin 9007-27-6, Chondroitin 9011-14-7, Poly(methyl methacrylate) 9011-14-7D, Poly(methyl methacrylate), hydrolyzed, trimethylammonium salts 9050-04-8, Cellulose, carboxymethyl ether, calcium salt 9050-31-1, Hydroxypropyl methyl cellulose phthalate 10118-90-8, Minocycline 12441-09-7D, Sorbitan, 13292-46-1, Rifampin 16679-58-6, Desmopressin 18186-71-5, esters Dodecyltriethylammonium bromide 24280-93-1 25086-89-9, Vinyl acetate-1-vinyl-2-pyrrolidone copolymer 25301-02-4, Ethylene oxide-formaldehyde-4-(1,1,3,3-Tetramethylbutyl)phenol copolymer 25322-68-3, Polyethylene glycol 25322-68-3D, Polyethylene glycol, phospholipid derivs. 26062-79-3, Poly(diallyldimethylammonium chloride) 27195-16-0, Sucrose distearate 27321-96-6, Polyethylene glycol cholesteryl ether 28228-56-0 28679-24-5, Dodecylbenzyltriethylammonium chloride 28981-97-7, Alprazolam 29094-61-9, Glipizide 29767-20-2, Teniposide 29836-26-8, n-Octyl-β-D-glucopyranoside 31431-39-7, Mebendazole 31566-31-1, Glyceryl monostearate 33419-42-0, Etoposide 34911-55-2, Bupropion 36735-22-5, Quazepam 37318-31-3, Sucrose stearate 38443-60-6, Decyltriethylammonium chloride 39809-25-1, Penciclovir 42399-41-7, Diltiazem 51264-14-3, Amsacrine 51569-39-2, Olin 10G 52128-35-5, Trimetrexate 52467-63-7, Tricetylmethylammonium 55008-57-6 55268-75-2, Cefuroxime 55348-40-8, Triton X-200 chloride 58846-77-8, n-Decyl β-D-glucopyranoside 59080-45-4, n-Hexyl β -D-glucopyranoside 59122-55-3, n-DoDecyl β -D-glucopyranoside 59277-89-3, Acyclovir 65271-80-9, Mitoxantrone 65277-42-1. Ketoconazole 66085-59-4, Nimodipine 69227-93-6, n-DoDecyl β -D-maltoside 69984-73-2, n-Nonyl β -D-glucopyranoside 70458-96-7, Norfloxacin 72509-76-3, Felodipine 72558-82-8, Ceftazidime 72559-06-9, Rifabutin 73590-58-6, Omeprazole 76095-16-4, Enalapril maleate 76420-72-9, Enalaprilat 76824-35-6, Famotidine 78617-12-6, n-Heptyl β -D-glucopyranoside 79617-96-2, Sertraline 79794-75-5, Loratadine 81098-60-4, Cisapride 81103-11-9, Clarithromycin 81409-90-7, Cabergoline 81859-24-7, Polyquat 10 82494-09-5, n-Decyl 84449-90-1, Raloxifene 85261-19-4, β-D-maltoside Nonanoyl-N-methylglucamide 85261-20-7, Decanoyl-N-methylglucamide 85316-98-9 85618-20-8, n-Heptyl β -D-thioglucopyranoside 85618-21-9, n-Octyl-β-D-thioglucopyranoside 85721-33-1, Ciprofloxacin 86386-73-4, Fluconazole 87679-37-6, Trandolapril 91161-71-6, Terbinafine 95233-18-4, Atovaquone 97322-87-7, Troglitazone 100286-97-3, Milrinone lactate 101397-87-9, D-Glucitol, 1-deoxy-1-[methyl(1-oxoheptyl)amino]- 103577-45-3, Lansoprazole

104987-11-3, Tacrolimus 106266-06-2, Risperidone 106392-12-5, Pluronic 107397-59-1, Tetronic 150R8 110617-70-4, Poloxamine 113665-84-2, 115956-12-2, Dolasetron 127666-00-6 Clopidogrel 127779-20-8, 132539-06-1, Olanzapine 136817-59-9, Delavirdine Saquinavir Irbesartan 139481-59-7, Candesartan 144034-80-0, Rizatriptan 145599-86-6 138402-11-6, Irbesartan 139755-83-2, 145599-86-6, Cerivastatin Sildenafil 147059-72-1, Trovafloxacin 159989-65-8, Nelfinavir mesylate 329326-68-3, p-Isononylphenoxypolyglycidol 283158-20-3 503178-50-5 608094-65-1, PEG-vitamin A 630400-66-7 630400-67-8 634601-99-3 RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses) (liquid dosage compns. of stable nanoparticulate drugs) IT 97322-87-7, Troqlitazone RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses) (liquid dosage compns. of stable nanoparticulate drugs) RN 97322-87-7 CAPLUS 2,4-Thiazolidinedione, 5-[[4-[(3,4-dihydro-6-hydroxy-2,5,7,8-tetramethyl-CN 2H-1-benzopyran-2-yl)methoxy]phenyl]methyl]- (9CI) (CA INDEX NAME)

Me Me
$$CH_2 - O$$
 $CH_2 - O$ H $CH_2 - O$ H

REFERENCE COUNT: THERE ARE 4 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

CAPLUS COPYRIGHT 2006 ACS on STN L148 ANSWER 12 OF 56

ACCESSION NUMBER:

2004:182242 CAPLUS

DOCUMENT NUMBER:

140:223260

TITLE:

Treatment and prevention of abnormal scar formation in

keloids and other cutaneous or internal wounds or

lesions

INVENTOR(S):

Tuan, Tai-lan; Benya, Paul D.; Warburton, David

PATENT ASSIGNEE(S):

USA

SOURCE:

U.S. Pat. Appl. Publ., 26 pp.

CODEN: USXXCO

DOCUMENT TYPE:

Patent

LANGUAGE:

English

FAMILY ACC. NUM. COUNT:

PATENT INFORMATION:

PATENT NO.	KIND DATE	APPLICATION NO.	DATE				
US 2004043026	A1 20040304	US 2003-439267	20030513				
WO 2004041155	A2 20040521	WO 2003-US15548	20030513				
WO 2004041155	A3 20040923						
W: AE, AG, AL,	AM, AT, AU, AZ,	BA, BB, BG, BR, BY, BZ,	CA, CH, CN,				
CO, CR, CU,	CZ, DE, DK, DM,	DZ, EC, EE, ES, FI, GB,	GD, GE, GH,				
GM, HR, HU,	ID, IL, IN, IS,	JP, KE, KG, KP, KR, KZ,	LC, LK, LR,				
LS, LT, LU,	LV, MA, MD, MG,	MK, MN, MW, MX, MZ, NI,	NO, NZ, OM,				
PH, PL, PT,	RO, RU, SC, SD,	SE, SG, SK, SL, TJ, TM,	TN, TR, TT,				
TZ, UA, UG,	US, UZ, VC, VN,	YU, ZA, ZM, ZW					
RW: GH, GM, KE,	LS, MW, MZ, SD,	SL, SZ, TZ, UG, ZM, ZW,	AM, AZ, BY,				
KG, KZ, MD,	RU, TJ, TM, AT,	BE, BG, CH, CY, CZ, DE,	DK, EE, ES,				

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FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK, TR,
             BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG
                                           EP 2003-808378
                         A2
                                20050302
            AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT,
             IE, SI, LT, LV, FI, RO, MK, CY, AL, TR, BG, CZ, EE, HU, SK
     BR 2003011172
                         Α
                                20050426
                                            BR 2003-11172
                                                                   20030513
PRIORITY APPLN. INFO.:
                                            US 2002-380696P
                                                                P 20020513
                                            WO 2003-US15548
                                                                W 20030513
     The present invention relates to findings that reducing the activity of
     Plasminogen Activator Inhibitor-1 (PAI-1) suppresses an excessive
     deposition of collagen which is known as a cause for the formation of
     abnormal scars. These abnormal scars include but are not limited to
     keloids, adhesions, hypertrophic scars, skin disfiguring conditions,
     fibrosis, fibrocystic conditions, contractures, and scleroderma, all of
     which are associated with or caused by an excessive deposit of collagen in a
     wound healing process. Accordingly, aspects of the present invention are
     directed to the reduction of PAI-1 activity to decrease an excessive
     accumulation of collagen, prevent the formation of an abnormal scar,
     and/or treat abnormal scars that result from an excessive accumulation of
     collagen. The PAI-1 activity can be reduced by PAI-1 inhibitors which
     include but are not limited to PAI-1 neutralizing antibodies,
     diketopiperazine based compds., tetramic acid based compds.,
     hydroxyquinolinone based compds., Enalapril, Eprosartan, Troglitazone,
     Vitamin C, Vitamin E, Mifepristone (RU486), and Spironolactone to name a
          Another aspect of the present invention is directed to methods of
     measuring PAI-1 activity in a wound healing process and determining the
     propensity of the formation of an abnormal scar.
TC
     ICM A61K039-395
         A61K038-05; A61K031-58; A61K031-56; A61K031-495; A61K031-355;
          A61K031-401
INCL 424146100; 514174000; 514179000; 514423000; 514018000; 514458000;
     514474000; 514255020; 514560000; 514312000
     63-5 (Pharmaceuticals)
     Section cross-reference(s): 1, 14, 15
IT
     Cystic fibrosis
     Fibrosis
     Keloid
     Wound healing
     Wound healing promoters
        (prevention of abnormal scar formation in keloids and other cutaneous
        or internal wounds or lesions)
     50-81-7, Vitamin c, biological studies
                                              52-01-7, Spironolactone
IT
     106-57-0D, Diketopiperazine, derivs. 503-83-3D, Tetramic acid, derivs.
                          62571-86-2, Captopril 75847-73-3, Enalapril
     1406-18-4, Vitamin e
     82834-16-0, Perindopril
                              84371-65-3, Mifepristone
                                                        89371-37-9, Imidapril
     97322-87-7, Troqlitazone 98048-97-6, Fosinopril
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     Quinolinone, hydroxy derivs.
                                   133040-01-4, Eprosartan
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               223754-54-9
     RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL
     (Biological study); USES (Uses)
        (prevention of abnormal scar formation in keloids and other cutaneous
        or internal wounds or lesions)
IT
     97322-87-7, Troglitazone
     RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL
     (Biological study); USES (Uses)
        (prevention of abnormal scar formation in keloids and other cutaneous
        or internal wounds or lesions)
     97322-87-7 CAPLUS
RN
     2,4-Thiazolidinedione, 5-[[4-[(3,4-dihydro-6-hydroxy-2,5,7,8-tetramethyl-
CN
     2H-1-benzopyran-2-yl)methoxy]phenyl]methyl]- (9CI) (CA INDEX NAME)
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$$\begin{array}{c} \text{Me} \\ \text{Me} \\ \text{HO} \\ \text{Me} \end{array} \begin{array}{c} \text{Me} \\ \text{CH}_2 - \text{O} \\ \text{O} \\ \text{N} \\ \text{H} \end{array}$$

L148 ANSWER 13 OF 56 CAPLUS COPYRIGHT 2006 ACS on STN

ACCESSION NUMBER: 2003:154224 CAPLUS

DOCUMENT NUMBER: 138:193294

TITLE: Expandable gastric retention device containing

pharmaceutical compositions

INVENTOR(S): Ayres, James W.

PATENT ASSIGNEE(S): The State of Oregon Acting by and Through the State

Board of Higher Education On Behalf of Oregon State

University, USA

SOURCE: PCT Int. Appl., 110 pp.

CODEN: PIXXD2

DOCUMENT TYPE: Patent LANGUAGE: English

FAMILY ACC. NUM. COUNT: 2

PATENT INFORMATION:

1	PAT	ENT 1	NO.			KIND DATE						LICA	DATE							
	WO 2003015745					A1 20030227								20011022						
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			GM,	HR,	HU,	ID,	ΙL,	IN,	IS,	JP,	KE	, KG	, KP,	KR,	ΚZ,	LC,	LK,	LR,		
			LS,	LT,	LU,	LV,	MA,	MD,	MG,	MK,	MN	I, MW	, MX,	MZ,	NO,	NZ,	PH,	PL,		
			PT,	RO,	RU,	SD,	SE,	SG,	SI,	SK,	SL	TJ, TJ	, TM,	TR,	TT,	TZ,	UA,	UG,		
			US,	UŻ,	VN,	ΥU,	ZA,	ZW												
		RW:	GH,	GM,	KE,	LS,	MW,	MZ,	SD,	SL,	SZ	, TZ	, UG,	ZW,	ΑT,	ΒE,	CH,	CY,		
			DE,	DK,	ES,	FI,	FR,	GB,	GR,	ΙE,	II	, LU	, MC,	NL,	PT,	SE,	TR,	BF,		
			ВJ,	CF,	CG,	CI,	CM,	GA,	GN,	GQ,	GW	, ML	, MR,	ΝE,	SN,	TD,	TG			
(CA 2456976				AA							-2456				0011	022			
I	ΞP	1416	914							EP 2001-995328										
		R:	ΑT,	ΒE,	CH,	DE,	DK,	ES,	FR,	GB,	GR	l, IT	, LI,	LU,	ΝL,	SE,	MC,	PT,		
				•	•	•	•	•	MK,			•								
I	ВR	2001	0171	23		Α		2004	0928	,	BR	2001	-1712	3			0011			
		1543				Α							-8235				0011			
		2005											-5207				0011			
_		2004				Α			0416				-611				0040			
		2004				A1							-7789				0040			
_		2004				Α		2005	0509				-2066				0040			
PRIOR	PRIORITY APPLN. INFO.:												-3130							
					_						WO	2001	-US46	146		₩ 2	0011	022		

AB The present application concerns gastric retention devices formed from compns. comprising polymeric materials, such as polysaccharides, and optional addnl. materials including excipients, therapeutics, and diagnostics, that reside in the stomach for a controlled and prolonged period of time. Dry powders of xanthan gum and locust bean gum were mixed intimately were converted to dried films. The dried films were compressed with the help of specially made punches and dies. A series of dies with

decreasingly narrow internal diams. were used. A punch pushes the film from one die into the next die, followed by pushing of the film by another punch into the next die. This process takes place in succession until a point is reached where the film is small enough to put into a desired capsule size.

IC ICM A61K009-00

ICS A61K009-20; A61K047-36

CC 63-6 (Pharmaceuticals)

Section cross-reference(s): 1

IT Adrenoceptor agonists
Adrenoceptor antagonists

Analgesics

Anesthetics

Antacids

Anti-AIDS agents

Anti-Alzheimer's agents

Anti-infective agents

Antiarrhythmics

Antibiotics

Anticonvulsants

Antidepressants

Antidiabetic agents

Antidotes

Antiemetics

Antihistamines

Antihypertensives

Antimicrobial agents

Antimigraine agents

Antiobesity agents

Antiparkinsonian agents

Antipsychotics

Antirheumatic agents

Antitumor agents

Appetite depressants

Cardiovascular agents

Cholinergic agonists

Cholinergic antagonists

Contraceptives

Cystic fibrosis

Deodorants (personal)

Digestive tract

Dissolution

Diuretics

Dizziness

Dopamine agonists

Drug bioavailability

Fungicides

Gastric juice

Human

Hypnotics and Sedatives

Imaging agents

Immunomodulators

 ${\tt Immunosuppressants}$

Intestinal juice

Ion exchangers

Medical goods

Muscle relaxants

Nervous system stimulants

Plasticizers

Psychotropics

Stomach

```
Urinary system
     Vagina
     Vasodilators
     Wilson's disease
        (expandable gastric retention device containing pharmaceutical compns.)
     50-44-2, Mercaptopurine 50-53-3, Chlorpromazine, biological studies
IT
     51-63-8, Dextroamphetamine sulfate
                                           52-01-7, Spironolactone
                                                                       54-31-9
                                            58-38-8, Prochlorperazine
                  58-14-0, Pyrimethamine
                                                                          59-66-5,
     Furosemide
                     63-89-8, Colfosceril palmitate
     Acetazolamide
                                                        71-27-2, Succinylcholine
                                      148-82-3, Melphalan
               89-57-6, Mesalazine
                                                               154-42-7,
     chloride
                   305-03-3, Chlorambucil
                                             315-30-0, Allopurinol
                                                                       396-01-0,
     Thioquanine
                   440-17-5, Trifluoperazine hydrochloride 554-13-2, Lithium
     Triamterene
     carbonate 637-32-1, Proguanil hydroc 1508-76-5, Procyclidine hydrochloride
                 637-32-1, Proquanil hydrochloride 813-93-4, Bismuth citrate
                                             2152-44-5, Betamethasone valerate
     5534-09-8, Beclomethasone dipropionate 8064-90-2, Co-trimoxazole
                                   9004-65-3, HPMC 11138-66-2, Xanthan gum
     9000-40-2, Locust bean gum
     12650-69-0, Mupirocin 13492-01-8, Tranylcypromine sulfate Albuterol 20830-75-5, Digoxin 25122-46-7, Clobetasol pro
                                                                      18559-94-9,
                                        25122-46-7, Clobetasol propionate
     25953-19-9, Cefazolin 26787-78-0, Amoxicillin disodium 30516-87-1, Zidovudine 31677-93-7,
                                                        29457-07-6, Ticarcillin
                                          31677-93-7, Bupropion hydrochloride
     35121-78-9, Epoprostenol 42924-53-8, Nabumetone 51481-61-9, Cimetidine
     54965-21-8, Albendazole
                                55268-75-2, Cefuroxime
                                                          59277-89-3, Acyclovir
     61177-45-5, Clavulanate potassium 61336-70-7, Amoxicillin trihydrate
     64211-46-7, Oxiconazole nitrate 64228-81-5, Atracurium besylate
     66357-35-5, Ranitidine 66357-59-3, Ranitidine hydrochloride
     70059-30-2, Cimetidine hydrochloride
                                             71486-22-1, Vinorelbine
                               72956-09-3, Carvedilol
                                                          73590-58-6, Omeprazole
     72558-82-8, Ceftazidime
                                      78246-49-8, Paroxetine hydrochloride
     76095-16-4, Enalapril maleate
     79902-63-9, Simvastatin 80474-14-2, Fluticasone propionate Lamotrigine 89365-50-4, Salmeterol 91374-20-8, Ropinirole
     Lamotrigine
                                             91374-20-8, Ropinirole
                     94749-08-3, Salmeterol xinafoate
                                                          95233-18-4, Atovaquone
     hydrochloride
     96946-42-8, Cisatracurium besylate
                                          99614-01-4, Ondansetron hydrochloride
     103628-46-2, Sumatriptan 119413-54-6, Topotecan hydrochloride
     121679-13-8, Naratriptan 124750-99-8, Losartan potassium
                                                                     124832-27-5,
     Valacyclovir hydrochloride 134678-17-4, Lamivudine 139110-80-8,
     Zanamivir
                 142373-60-2, Tirofiban hydrochloride 155141-29-0,
     Rosiglitazone maleate 161814-49-9, Amprenavir 161973-10-0,
     Esomeprazole magnesium 162011-90-7, Rofecoxib
                                                         179463-17-3, Caspofungin
               188062-50-2, Abacavir sulfate
     acetate
     RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
        (expandable gastric retention device containing pharmaceutical compns.)
     155141-29-0, Rosiglitazone maleate
IT
     RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
        (expandable gastric retention device containing pharmaceutical compns.)
     155141-29-0 CAPLUS
RN
     2,4-Thiazolidinedione, 5-[[4-[2-(methyl-2-pyridinylamino)ethoxy]phenyl]met
CN
     hyl]-, (2Z)-2-butenedioate (1:1) (9CI) (CA INDEX NAME)
     CM
          1
     CRN 122320-73-4
     CMF C18 H19 N3 O3 S
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PAGE 1-A

PAGE 2-A

CM 2

CRN 110-16-7 CMF C4 H4 O4

Double bond geometry as shown.

REFERENCE COUNT: 8 THERE ARE 8 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L148 ANSWER 14 OF 56 CAPLUS COPYRIGHT 2006 ACS on STN

ACCESSION NUMBER: 2003:971725 CAPLUS

DOCUMENT NUMBER: 140:35893

TITLE: Transcription factor modulating compounds and methods

of use thereof

Levy, Stuart B.; Alekshun, Michael N.; Podlogar, Brent L.; Ohemeng, Kwasi; Verma, Atul K.; Warchol, Tadeusz; INVENTOR (S):

Bhatia, Beena

PATENT ASSIGNEE(S):

U.S. Pat. Appl. Publ., 301 pp. SOURCE:

CODEN: USXXCO

DOCUMENT TYPE: Patent LANGUAGE: English

FAMILY ACC. NUM. COUNT:

PATENT INFORMATION:

PA	PATENT NO.										ICAT		DATE				
US	2003	2290			A1 20031211				1	US 2	002-		20020814				
CA	2445	515			AA 20021104					CA 2	002-		20020506				
WO	2004	0010			A2 20031231												
WO	2004	0010	58		A3 20050303							2:020500					
							AU,	AZ,	BA,	BB,	BG,	BR,	BY,	BZ,	CA,	CH,	CN,
		co,	CR,	CU,	CZ,	DE,	DK,	DM,	DZ,	EC,	EE,	ES,	FI,	GB,	GD,	GE,	GH,
		GM,	HR,	HU,	ID,	IL,	IN,	IS,	JP,	KE,	KG,	KP,	KR,	KZ,	LC,	LK,	LR,
		LS,	LT,	LU,	LV,	MA,	MD,	MG,	MK,	MN,	MW,	MX,	MZ,	NO,	NZ,	OM,	PH,
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MARPAT 140:35893

Methods for identifying compound useful as anti-infectives that decrease resistance, virulence, or growth of microbes are provided. In one embodiment, the method comprises contacting a microbial cell comprising: (1) a selectable marker under the control of a transcription factor responsive element and (2) a transcription factor, with a compound under conditions which allow interaction of the compound with the microbial cell; and measuring the ability of the compound to affect the growth or survival of the microbial cell as an indication of whether the test compound modulates the activity of a transcription factor.

IC ICM A61K031-555

> ICS A61K031-505; A61K031-4745; A61K031-47; A61K031-415; A61K031-40; A61K031-407

INCL 514185000; 514256000; 514311000; 514303000; 514383000; 514381000; 514394000; 514410000; 514408000

CC 1-5 (Pharmacology)

Section cross-reference(s): 10, 28, 63

IT

Cystic fibrosis

Immunodeficiency

Osteomyelitis

(biofilm infection, treatment; transcription factor modulating compds.

```
as anti-infectives agents that decrease resistance and virulence and
        growth identified by determining marker under control of responsive element)
     51-17-2D, Benzimidazole, derivs.
                                        91-22-5D, Quinoline, derivs.
IT
     110-86-1D, Pyridine, derivs. 117-39-5
                                               123-75-1D, Pyrrolidine, derivs.
     288-94-8D, 1H-Tetrazole, derivs.
                                        289-95-2D, Pyrimidine, derivs.
     480-23-9
                520-36-5
                           891-43-0
                                      1218-82-2
                                                  1571-85-3
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     1645-21-2
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                                                      3164-28-1
     4143-63-9
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                                                                  5460-84-4
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     RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL
     (Biological study); USES (Uses)
        (transcription factor modulating compds. as anti-infectives agents that
        decrease resistance and virulence and growth identified by determining
marker
        under control of responsive element)
IT
     285987-31-7
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Searched by John DiNatale 571-272-2557

RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL

(Biological study); USES (Uses)

(transcription factor modulating compds. as anti-infectives agents that decrease resistance and virulence and growth identified by determining

marker

under control of responsive element)

RN 285987-31-7 CAPLUS

CN 4-Thiazolidinone, 3-(3-chlorophenyl)-5-[(5,7-dimethyl-4-oxo-4H-1-benzopyran-3-yl)methylene]-2-thioxo-(9CI) (CA INDEX NAME)

L148 ANSWER 15 OF 56 CAPLUS COPYRIGHT 2006 ACS on STN

ACCESSION NUMBER: 2001:338762 CAPLUS

DOCUMENT NUMBER: 134:362292

TITLE: Methods of determining individual hypersensitivity to

a pharmaceutical agent from gene expression profile

INVENTOR(S): Farr, Spencer

PATENT ASSIGNEE(S): Phase-1 Molecular Toxicology, USA

SOURCE: PCT Int. Appl., 222 pp.

CODEN: PIXXD2

DOCUMENT TYPE: Patent

LANGUAGE: English

FAMILY ACC. NUM. COUNT: 1

PATENT INFORMATION:

PAT	ENT	NO.			KIND		DATE		i	APPL	ICAT		DATE							
																				
WO	2001	A2 2001			0510 WO 2000-US30474						20001103									
WO	2001032928				A3 2002			20725												
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		HU,	ID,	IL,	IN,	IS,	JP,	KΕ,	KG,	ΚP,	KR,	ΚZ,	LC,	LK,	LR,	LS,	LT,			
		LU,	LV,	MA,	MD,	MG,	MK,	MN,	MW,	MX,	ΜZ,	NO,	NZ,	PL,	PT,	RO,	RU,			
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		ΥU,	ZA,	ZW,	AM,	ΑZ,	BY,	KG,	ΚZ,	MD,	RU,	ТJ,	TM							
	RW:	GH,	GM,	KE,	LS,	MW,	MZ,	SD,	SL,	SZ,	TZ,	UG,	ZW,	AT,	BE,	CH,	CY,			
		DE,	DK,	ES,	FI,	FR,	GB,	GR,	ΙE,	IT,	LU,	MC,	NL,	PT,	SE,	TR,	BF,			
		ВJ,	CF,	CG,	CI,	CM,	GΑ,	GN,	GW,	ML,	MR,	ΝE,	SN,	TD,	TG					
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AB The invention discloses methods, gene databases, gene arrays, protein arrays, and devices that may be used to determine the hypersensitivity of individuals to a given agent, such as drug or other chemical, in order to prevent toxic side effects. In one embodiment, methods of identifying hypersensitivity in a subject by obtaining a gene expression profile of multiple genes associated with hypersensitivity of the subject suspected to be hypersensitive, and identifying in the gene expression profile of the subject a pattern of gene expression of the genes associated with hypersensitivity are disclosed. The gene expression profile of the

subject may be compared with the gene expression profile of a normal individual and a hypersensitive individual. The gene expression profile of the subject that is obtained may comprise a profile of levels of mRNA or cDNA. The gene expression profile may be obtained by using an array of nucleic acid probes for the plurality of genes associated with hypersensitivity. The expression of the genes predetd. to be associated with hypersensitivity is directly related to prevention or repair of toxic damage at the tissue, organ or system level. Gene databases arrays and apparatus useful for identifying hypersensitivity in a subject are also disclosed. ICM C120001-68 ICS G01N033-50 3-4 (Biochemical Genetics) Section cross-reference(s): 1, 6, 7, 13, 15

IC

CC

IT CFTR (cystic fibrosis transmembrane

conductance regulator)

RL: BPR (Biological process); BSU (Biological study, unclassified); BIOL (Biological study); PROC (Process)

(methods of determining individual hypersensitivity to a pharmaceutical agent

from gene expression profile)

92665-29-7, Cefprozil 93390-81-9, Fosphenytoin 93413-69-5, Venlafaxine IT 93479-97-1, Glimepiride 93957-54-1, Fluvastatin 95058-81-4, Gemcitabine 95233-18-4, Atovaquone 96036-03-2, Meropenem 97322-87-7, Troglitazone 97519-39-6, Ceftibuten 97534-21-9, Merbarone 97682-44-5, Irinotecan 98048-97-6, Fosinopril 98319-26-7, Finasteride 100986-85-4, Levofloxacin 102767-28-2, Levetiracetam 103577-45-3, Lansoprazole 103628-46-2, Sumatriptan 104227-87-4, Famciclovir 104632-26-0, Pramipexole 105102-22-5, Mometasone 105462-24-6 105857-23-6, Alteplase 106133-20-4, Tamsulosin 106266-06-2, Risperidone 106392-12-5, Poloxamer 188 106650-56-0. Sibutramine 107753-78-6, Zafirlukast 107868-30-4, Exemestane 109889-09-0, Granisetron 111025-46-8, Pioglitazone 112809-51-5, Letrozole 112965-21-6, Calcipotriene 114798-26-4, 115103-54-3, Tiagabine 115956-13-3, Dolasetron mesylate Losartan 116644-53-2, Mibefradil 117976-89-3, Rabeprazole 119383-00-5 119914-60-2, Grepafloxacin 120014-06-4, Donepezil 121679-13-8, Naratriptan 122320-73-4, Rosiglitazone 122647-32-9, Ibutilide 122852-42-0, Alosetron 123948-87-8, Topotecan 124937-51-5, fumarate Tolterodine 126040-58-2, Calcium polycarbophil 127779-20-8, Saquinavir 129311-55-3, Ganirelix acetate 129318-43-0, Alendronate sodium 130929-57-6, 129618-40-2, Navirapine 130209-82-4, Latanoprost Entacapone 134308-13-7, Tolcapone 134523-00-5, Atorvastatin 137862-53-4, Valsartan 138402-11-6, Irbesartan 143003-46-7, 144494-65-5, Tirofiban 144701-48-4, Telmisartan Alglucerase 145599-86-6, Cerivastatin 147059-72-1, Trovafloxacin 147245-92-9, 150378-17-9, Indinavir 151096-09-2, Moxifloxacin Copolymer 1 161814-49-9, Amprenavir 169590-42-5, Celecoxib 171599-83-0, Sildenafil 172820-23-4, Pexiganan acetate 180288-69-1, Trastuzumab 185243-69-0, Etanercept 188627-80-7, Eptifibatide 339524-26-4, 339524-30-0, Cyclopegic 339524-35-5, Cytoxin 339524-50-4, Amiodorone Hyperozia RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); BIOL (Biological study)

(methods of determining individual hypersensitivity to a pharmaceutical agent

from gene expression profile)

IT 97322-87-7, Troglitazone 111025-46-8, Pioglitazone 122320-73-4, Rosiglitazone

RL: BAC (Biological activity or effector, except adverse); BSU (Biological

study, unclassified); BIOL (Biological study)

(methods of determining individual hypersensitivity to a pharmaceutical

agent

from gene expression profile)

RN 97322-87-7 CAPLUS

CN 2,4-Thiazolidinedione, 5-[[4-[(3,4-dihydro-6-hydroxy-2,5,7,8-tetramethyl-2H-1-benzopyran-2-yl)methoxy]phenyl]methyl]- (9CI) (CA INDEX NAME)

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RN 111025-46-8 CAPLUS

CN 2,4-Thiazolidinedione, 5-[[4-[2-(5-ethyl-2-pyridinyl)ethoxy]phenyl]methyl](9CI) (CA INDEX NAME)

PAGE 1-A

PAGE 2-A

| Et

RN 122320-73-4 CAPLUS

CN 2,4-Thiazolidinedione, 5-[[4-[2-(methyl-2-pyridinylamino)ethoxy]phenyl]met hyl]- (9CI) (CA INDEX NAME)

PAGE 1-A

PAGE 2-A

N

L148 ANSWER 16 OF 56 MEDLINE on STN DUPLICATE 1

ACCESSION NUMBER: 2004273852 MEDLINE DOCUMENT NUMBER: PubMed ID: 15174093

TITLE: Decreased expression of peroxisome proliferator activated

receptor gamma in cftr-/- mice.

AUTHOR: Ollero Mario; Junaidi Omer; Zaman Munir M; Tzameli

Iphigenia; Ferrando Adolfo A; Andersson Charlotte; Blanco

Paola G; Bialecki Eldad; Freedman Steven D

CORPORATE SOURCE: Department of Medicine, Beth Israel Deaconess Medical

Center, Harvard Medical School, Boston, Massachusetts, USA.

CONTRACT NUMBER: R01 DK52765 (NIDDK)

SOURCE: Journal of cellular physiology, (2004 Aug) 200 (2) 235-44.

Journal code: 0050222. ISSN: 0021-9541.

PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

Priority Journals FILE SEGMENT:

200408 ENTRY MONTH:

Entered STN: 20040603 ENTRY DATE:

Last Updated on STN: 20040817 Entered Medline: 20040816

ABSTRACT:

Some of the pathological manifestations of cystic fibrosis are in accordance with an impaired expression and/or activity of PPARgamma. hypothesized that PPARgamma expression is altered in tissues lacking the normal fibrosis transmembrane regulator protein (CFTR ***cystic***). PPARgamma mRNA levels were measured in colonic mucosa, ileal mucosa, adipose tissue, lung, and liver from wild-type and cftr-/- mice by quantitative RT-PCR. PPARgamma expression was decreased twofold in ***CFTR*** -regulated tissues (colon, ileum, and lung) from cftr-/mice compared to wild-type littermates. In contrast, no differences were found in fat and liver. Immunohistochemical analysis of PPARgamma in ileum and colon revealed a predominantly nuclear localization in wild-type mucosal epithelial cells while tissues from cftr-/- mice showed a more diffuse, lower intensity labeling. A significant decrease in PPARgamma expression was confirmed in nuclear extracts of colon mucosa by Western blot analysis. addition, binding of the PPARgamma/RXR heterodimer to an oligonucletotide containing a peroxisome proliferator responsive element (PPRE) was also decreased in colonic mucosa extracts from cftr-/- mice. Treatment of ***cftr*** -/- mice with the PPARqamma liqand rosiqlitazone restored both the nuclear localization and binding to DNA, but did not increase RNA levels. We conclude that PPARgamma expression in cftr-/- mice is downregulated at the RNA and protein levels and its function diminished. changes may be related to the loss of function of CFTR and may be relevant to the pathogenesis of metabolic abnormalities associated with

cystic

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CONTROLLED TERM: Check Tags: Comparative Study

fibrosis in humans.

Animals

Blotting, Western

Cystic Fibrosis Transmembrane Conductance Regulator: DF, deficiency

Cystic Fibrosis Transmembrane Conductance Regulator: GE, genetics

*Cystic Fibrosis Transmembrane Conductance Regulator: ME, metabolism

Down-Regulation

Fibrinolytic Agents: PD, pharmacology

Gene Expression Regulation

Immunohistochemistry

Intestinal Mucosa: DE, drug effects Intestinal Mucosa: ME, metabolism

Mice

Mice, Knockout

RNA, Messenger: ME, metabolism

Receptors, Cytoplasmic and Nuclear: GE, genetics *Receptors, Cytoplasmic and Nuclear: ME, metabolism

Research Support, Non-U.S. Gov't Research Support, U.S. Gov't, P.H.S.

Reverse Transcriptase Polymerase Chain Reaction

Thiazolidinediones: PD, pharmacology Transcription Factors: GE, genetics *Transcription Factors: ME, metabolism

CAS REGISTRY NO.: 122320-73-4 (rosiglitazone); 126880-72-6 (Cystic Fibrosis Transmembrane Conductance Regulator)

CHEMICAL NAME: 0 (Fibrinolytic Agents); 0 (RNA, Messenger); 0 (Receptors,

Cytoplasmic and Nuclear); 0 (Thiazolidinediones);

0 (Transcription Factors)

L148 ANSWER 17 OF 56 MEDLINE on STN DUPLICATE 2

ACCESSION NUMBER: 2003409634 MEDLINE DOCUMENT NUMBER: PubMed ID: 12946210

TITLE: Genomics, transcriptomics, proteomics, and numbers.

AUTHOR: Kiechle Frederick L; Holland-Staley Carol A

CORPORATE SOURCE: Department of Clinical Pathology, William Beaumont

Hospital, Royal Oak, Mich 48073, USA..

fkiechle@beaumont.edu

SOURCE: Archives of pathology & laboratory medicine, (2003 Sep) 127

(9) 1089-97. Ref: 126

Journal code: 7607091. ISSN: 1543-2165.

PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

General Review; (REVIEW)

(REVIEW, TUTORIAL)

LANGUAGE: English

FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals

ENTRY MONTH: 200310

ENTRY DATE: Entered STN: 20030903

Last Updated on STN: 20031021 Entered Medline: 20031020

ABSTRACT:

OBJECTIVE: To review the advances in clinically useful molecular biologic techniques and to identify their applications in clinical practice, as presented at the 11th Annual William Beaumont Hospital DNA Symposium. SOURCES: The 8 manuscripts submitted were reviewed, and their major findings were compared with literature on the same or related topics. STUDY SELECTION: Manuscripts address the use of molecular techniques in microbiology to evaluate infectious disease and epidemiology; molecular microbiology methods, including rapid-cycle real-time polymerase chain reaction; peroxisome proliferator-activated receptor gamma as a potential therapeutic target in inflammatory bowel disease or colon cancer; the effect of nonapoptotic doses of the bisbenizamide dye Hoechst 33342 on luciferase expression in plasmid-transfected BC3H-1 myocytes; the routine use of cystic ***fibrosis*** screening and its challenges; and the use of flow cytometry and/or chromosomal translocation in the diagnostic evaluation of hematopoietic malignancies. DATA SYNTHESIS: Three current issues related to the use of molecular tests in clinical laboratories are (1) the restriction on introducing new tests secondary to existing patents or licenses; (2) the preanalytic variables for the different specimen types currently in use, including whole blood, plasma, serum, fresh or frozen tissues, and free-circulating DNA; and (3) the interpretation of studies evaluating the association of complex diseases with a single mutation or single-nucleotide polymorphism. Molecular methods have had a major impact on infectious disease through the rapid identification of organisms, the evaluation of outbreaks, and the characterization of drug resistance when compared with standard culture techniques. The activation of peroxisome proliferator-activated receptor gamma stimulated by thiazolidinedione is useful in the treatment of type II diabetes mellitus and may have value in preventing inflammatory bowel disease or colon cancer. Hoechst 33342 binding to adenine-thymine-rich regions in the minor groove of DNA is a fluorescent stain for DNA and initiates apoptosis at >10 microg/mL. Lower doses of Hoechst 33342 promote luciferase expression by a mechanism that may involve binding to cryptic promoters facilitated by dye-associated misalignment of the tertiary structure of DNA. The routine use cystic fibrosis screening is complicated by the more

than 1000 mutations associated with the disease. The use of 4-color flow cytometry and the detection of chromosomal translocation are both invaluable aids in establishing the diagnosis of lymphoid or myeloid hematopoietic malignancies. CONCLUSIONS: The current postgenomic era will continue to emphasize the use of microarrays and database software for genomic, transcriptomic, and proteomic screening in the search for useful clinical assays. The number of molecular pathologic techniques will expand as additional disease-associated mutations are defined.

CONTROLLED TERM: Cystic Fibrosis: DI, diagnosis

Cystic Fibrosis: DI, diagnosis Cystic Fibrosis: GE, genetics Genetic Screening: MT, methods

*Genomics: MT, methods Genomics: TD, trends

Humans

Pathology, Clinical: MT, methods Pathology, Clinical: TD, trends

Polymerase Chain Reaction: MT, methods

Polymorphism, Single Nucleotide

*Proteomics: MT, methods Proteomics: TD, trends

*Transcription, Genetic: GE, genetics

L148 ANSWER 18 OF 56 MEDLINE on STN ACCESSION NUMBER: 2005488677 MEDLINE DOCUMENT NUMBER: PubMed ID: 15905414

TITLE: A novel small molecule CFTR inhibitor attenuates

HCO3- secretion and duodenal ulcer formation in rats.

AUTHOR: Akiba Yasutada; Jung Michael; Ouk Samedy; Kaunitz Jonathan

D

CORPORATE SOURCE: Department of Medicine, University of California, Los

Angeles, USA.

CONTRACT NUMBER: P30-DK-0413 (NIDDK)

R01-DK-54221 (NIDDK)

SOURCE: American journal of physiology. Gastrointestinal and liver

physiology, (2005 Oct) 289 (4) G753-9. Electronic

Publication: 2005-05-19.

Journal code: 100901227. ISSN: 0193-1857.

PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 200510

ENTRY DATE: Entered STN: 20050915

Last Updated on STN: 20051028 Entered Medline: 20051027

ABSTRACT:

The cystic fibrosis (CF) transmembrane conductance regulator (CFTR) plays a crucial role in mediating duodenal bicarbonate (HCO(3)(-)) secretion (DBS). Although impaired DBS is observed in CF mutant mice and in CF patients, which would predict increased ulcer susceptibility, duodenal injury is rarely observed in CF patients and is reduced in CF mutant mice. To explain this apparent paradox, we hypothesized that CFTR dysfunction increases cellular [HCO(3)(-)] and buffering power. To further test this hypothesis, we examined the effect of a novel, potent, and highly selective CFTR inhibitor, CFTR(inh)-172, on DBS and duodenal ulceration in rats. DBS was measured in situ using a standard loop perfusion model with a pH stat under isoflurane anesthesia. Duodenal ulcers were induced in rats by cysteamine with or without CFTR (inh)-172 pretreatment 1 h before cysteamine. Superfusion of CFTR (inh)-172 (0.1-10 microM) over the duodenal mucosa had no effect on basal DBS

but at 10 microM inhibited acid-induced DBS, suggesting that its effect was limited to CFTR activation. Acid-induced DBS was abolished at 1 and 3 h and was reduced 24 h after treatment with CFTR(inh)-172, although basal DBS was increased at 24 h. CFTR(inh)-172 treatment had no effect on gastric acid or HCO(3)(-) secretion. Duodenal ulcers were observed 24 h after cysteamine treatment but were reduced in CFTR (inh)-172-pretreated rats. CFTR(inh)-172 acutely produces ***CFTR*** dysfunction in rodents for up to 24 h. CFTR inhibition reduces acid-induced DBS but also prevents duodenal ulcer formation, supporting our hypothesis that intracellular HCO(3)(-) may be an important protective mechanism for duodenal epithelial cells.

CONTROLLED TERM: Check Tags: Male

Animals

*Benzoic Acids: PD, pharmacology *Bicarbonates: ME, metabolism

Chromatography, High Pressure Liquid

Cystamine: TO, toxicity

*Cystic Fibrosis Transmembrane Conductance Regulator:

AI, antagonists & inhibitors

Cystic Fibrosis Transmembrane Conductance Regulator:

ME, metabolism

Duodenal Ulcer: CI, chemically induced *Duodenal Ulcer: PC, prevention & control

Duodenum: DE, drug effects Duodenum: ME, metabolism Gastric Acid: SE, secretion

Rats

Rats, Sprague-Dawley

Research Support, N.I.H., Extramural Research Support, U.S. Gov't, Non-P.H.S. Research Support, U.S. Gov't, P.H.S. Sulfhydryl Reagents: TO, toxicity

*Thiazoles: PD, pharmacology

CAS REGISTRY NO.: 126880-72-6 (Cystic Fibrosis Transmembrane Conductance

Regulator); 51-85-4 (Cystamine)

CHEMICAL NAME: 0 (3-((3-trifluoromethyl)phenyl)-5-((3-

carboxyphenyl)methylene)-2-thioxo4-thiazolidinone); 0 (Benzoic Acids); 0

(Bicarbonates); 0 (Sulfhydryl Reagents); 0 (Thiazoles)

L148 ANSWER 19 OF 56 MEDLINE on STN ACCESSION NUMBER: 2005551230 MEDLINE DOCUMENT NUMBER: PubMed ID: 16081479

TITLE: Disruption of CFTR chloride channel alters

mechanical properties and cAMP-dependent Cl- transport of

mouse aortic smooth muscle cells.

AUTHOR: Robert Renaud; Norez Caroline; Becq Frederic

CORPORATE SOURCE: Institut de Physiologie et Biologie Cellulaires, CNRS UMR

6187, Universite de Poitiers, France.

SOURCE: The Journal of physiology, (2005 Oct 15) 568 (Pt 2) 483-95.

Electronic Publication: 2005-08-04. Journal code: 0266262. ISSN: 0022-3751.

PUB. COUNTRY: England: United Kingdom

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 200512

ENTRY DATE: Entered STN: 20051018

Last Updated on STN: 20051228 Entered Medline: 20051227

ABSTRACT:

Chloride (Cl(-)) channels expressed in vascular smooth muscle cells (VSMC) are important to control membrane potential equilibrium, intracellular pH, cell volume maintenance, contraction, relaxation and proliferation. The present study was designed to compare the expression, regulation and function of Cl(-) channels in aortic VSMC from Cftr(+/+) and ***CFTR*** ***Cftr*** (-)(/)(-) mice. Using an iodide efflux assay we demonstrated stimulation of CFTR by VIP, isoproterenol, cAMP agonists and other pharmacological activators in cultured VSMC from Cftr(+/+). On the contrary, in cultured VSMC from Cftr(-)(/)(-) mice these agonists have no effect, showing that CFTR is the dominant Cl(-) channel involved in the response to cAMP mediators. Angiotensin II and the calcium ionophore A23187 stimulated Ca(2)(+)-dependent Cl(-) channels in VSMCs from both genotypes. CFTR was activated in myocytes maintained in medium containing either high potassium or 5-hydroxytryptamine (5-HT) and was inhibited by CFTR(inh)-172, glibenclamide and diphenylamine-2,2'dicarboxylic acid (DPC). We also examined the mechanical properties of aortas. Arteries with or without endothelium from Cftr(-/-) mice became significantly more constricted (approximately 2-fold) than that of Cftr (+/+) mice in response to vasoactive agents. Moreover, in precontracted arteries of Cftr(+/+) mice, VIP and CFTR activators induced vasorelaxation that was altered in Cftr(-/-) mice. Our findings suggest a novel mechanism for regulation of the vascular tone by cAMP-dependent chloride channels in VSMC. To our knowledge this study is the ***CFTR*** first to report the phenotypic consequences of the loss of a Cl(-) channel on vascular reactivity.

CONTROLLED TERM:

Adrenergic beta-Agonists: PD, pharmacology

Angiotensin II: PD, pharmacology

Animals

Anthranilic Acids: PD, pharmacology

Aorta, Thoracic

Benzoic Acids: PD, pharmacology

Cells, Cultured

Chlorides: ME, metabolism

Cystic Fibrosis Transmembrane Conductance Regulator: DF, deficiency

Cystic Fibrosis Transmembrane Conductance Regulator: DE, drug effects

*Cystic Fibrosis Transmembrane Conductance Regulator: PH, physiology

Forskolin: PD, pharmacology Genistein: PD, pharmacology Glyburide: PD, pharmacology

In Vitro

Isoproterenol: PD, pharmacology

Mice

Mice, Inbred CFTR

Muscle, Smooth, Vascular: DE, drug effects Muscle, Smooth, Vascular: EN, enzymology *Muscle, Smooth, Vascular: ME, metabolism

Quinolizines: PD, pharmacology Research Support, Non-U.S. Gov't

Serotonin: PD, pharmacology Thiazoles: PD, pharmacology

Vasoactive Intestinal Peptide: PD, pharmacology

Vasoconstriction

Vasoconstrictor Agents: PD, pharmacology

Vasodilation

Vasodilator Agents: PD, pharmacology

CAS REGISTRY NO.: 10238-21-8 (Glyburide); 11128-99-7 (Angiotensin II);

126880-72-6 (Cystic Fibrosis Transmembrane Conductance

Regulator); 37221-79-7 (Vasoactive Intestinal

Peptide); 446-72-0 (Genistein); 50-67-9 (Serotonin);

66428-89-5 (Forskolin); 7683-59-2 (Isoproterenol); 91-40-7

(fenamic acid)

CHEMICAL NAME: 0 (3-((3-trifluoromethyl)phenyl)-5-((3-

carboxyphenyl)methylene)-2-thioxo4-thiazolidinone); 0 (6-hydroxy-10-

chlorobenzo(c)quinolizinium); 0 (Adrenergic beta-Agonists);
0 (Anthranilic Acids); 0 (Benzoic Acids); 0 (Chlorides); 0
(Quinolizines); 0 (Thiazoles); 0 (Vasoconstrictor Agents);

0 (Vasodilator Agents)

L148 ANSWER 20 OF 56 MEDLINE on STN ACCESSION NUMBER: 2004299977 MEDLINE DOCUMENT NUMBER: PubMed ID: 15201289

TITLE: Dopaminergic and serotonergic innervation of cockroach

salivary glands: distribution and morphology of synapses

and release sites.

AUTHOR: Baumann Otto; Kuhnel Dana; Dames Petra; Walz Bernd

CORPORATE SOURCE: Institut fur Biochemie und Biologie, Zoophysiologie,

Universitat Potsdam, Postfach 601553, D-14415 Potsdam,

Germany.. obaumann@rz.uni.potsdam.de

SOURCE: Journal of experimental biology, (2004 Jul) 207 (Pt 15)

2565-75.

Journal code: 0243705. ISSN: 0022-0949.

PUB. COUNTRY: England: United Kingdom

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 200502

ENTRY DATE: Entered STN: 20040618

Last Updated on STN: 20050301 Entered Medline: 20050224

ABSTRACT:

The paired salivary glands in the cockroach are composed of acini with ***ion*** -transporting peripheral P-cells and protein-secreting central C-cells, and a duct system for the modification of the primary saliva. Secretory activity is controlled by serotonergic and dopaminergic neurons, whose axons form a dense plexus on the glands. The spatial relationship of release sites for serotonin and dopamine to the various cell types was determined by anti-synapsin immunofluorescence confocal microscopy and electron microscopy. Every C-cell apparently has only serotonergic synapses on its surface. Serotonergic and dopaminergic fibres on the acini have their release zones at a distance of approximately 0.5 microm from the P-cells. Nerves between acinar lobules may serve as neurohaemal organs and contain abundant dopaminergic and few serotonergic release sites. Some dopaminergic and serotonergic release sites reside in the duct epithelium, the former throughout the duct system, the latter only in segments next to acini. These findings are consistent with the view that C-cells respond exclusively to serotonin, P-cells to serotonin and dopamine, and most duct cells only to dopamine. Moreover, the data suggest that C-cells are stimulated by serotonin released close to their surface, whereas P-cells and most duct cells are exposed to serotonin/dopamine liberated at some distance.

CONTROLLED TERM: Check Tags: Comparative Study

Animals

Blotting, Western

*Cockroaches: ME, metabolism Dopamine: SE, secretion Microscopy, Electron Microscopy, Fluorescence

*Neurosecretory Systems: CY, cytology

Salivary Glands: CY, cytology *Salivary Glands: IR, innervation

Serotonin: SE, secretion Synapses: SE, secretion *Synapses: UL, ultrastructure

Synapsins

Thiazolidinediones

CAS REGISTRY NO.: 50-67-9 (Serotonin); 51-61-6 (Dopamine); 79714-31-1

(CT 112)

CHEMICAL NAME: 0 (Synapsins); 0 (Thiazolidinediones)

L148 ANSWER 21 OF 56 MEDLINE ON STN ACCESSION NUMBER: 2004525858 MEDLINE DOCUMENT NUMBER: PubMed ID: 15496164

TITLE: The relationship between cell proliferation, Cl- secretion,

and renal cyst growth: a study using CFTR

inhibitors.

AUTHOR: Li Hongyu; Findlay Iain A; Sheppard David N

CORPORATE SOURCE: Department of Physiology, University of Bristol, School of

Medical Sciences, University Walk, Bristol, United Kingdom.

SOURCE: Kidney international, (2004 Nov) 66 (5) 1926-38.

Journal code: 0323470. ISSN: 0085-2538.

PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 200504

ENTRY DATE: Entered STN: 20041022

Last Updated on STN: 20050426 Entered Medline: 20050425

ABSTRACT:

BACKGROUND: In autosomal-dominant polycystic kidney disease (ADPKD), cAMP-stimulated cell proliferation and Cl- secretion via the cystic ***fibrosis*** transmembrane conductance regulator (CFTR) C1channel drive the enlargement of fluid-filled epithelial cysts. To investigate how CFTR blockers inhibit cyst growth, we studied cAMP-dependent C1secretion, cell proliferation, and cyst growth using type I Madin Darby canine kidney (MDCK) cells as a model of renal cyst development and growth. METHODS: We grew MDCK cysts in collagen gels in the presence of the cAMP agonist forskolin, measured Cl- secretion with the Ussing chamber technique, and assayed cell proliferation using nonpolarized and polarized MDCK cells. To inhibit CFTR, we used glibenclamide, 5-nitro-2-(3-phenylpropylamino)benzoic acid (NPPB), genistein, and the specific CFTR inhibitor ***CFTRinh*** -172. As controls, we tested the effects of blockers of other types of apical membrane C1- channels and inhibitors of basolateral membrane ion channels and transporters. RESULTS: In the absence of inhibitors of transepithelial ion transport, forskolin stimulated dramatic cyst growth. ***CFTR*** blockers and inhibitors of basolateral membrane ion channels and transporters retarded cyst growth. In contrast, blockers of other types of apical membrane Cl- channels, which were without effect on CFTR, failed to inhibit cyst growth. Inhibition of cyst growth by CFTR blockers was correlated with inhibition of cAMP-stimulated Cl- current (correlation coefficient = 0.81; P < 0.05), but not cell proliferation (correlation coefficient = 0.50; P > 0.05). CONCLUSION: Our data suggest that blockers might retard cyst growth predominantly by inhibiting fluid accumulation within the cyst lumen.

CONTROLLED TERM: Animals

Benzoic Acids: PD, pharmacology

Cell Division: DE, drug effects

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Cell Line
                     Chloride Channels: ME, metabolism
                    *Chlorides: ME, metabolism
                     Cyclic AMP: PD, pharmacology
                       Cystic Fibrosis Transmembrane Conductance Regulator:
                    AI, antagonists & inhibitors
                     Dogs
                     Electric Conductivity
                     Epithelium: ME, metabolism
                     Forskolin: PD, pharmacology
                     Genistein: PD, pharmacology
                     Glyburide: PD, pharmacology
                     Ion Transport: DE, drug effects
                    *Kidney, Cystic: ME, metabolism
                    *Kidney, Cystic: PA, pathology
                     Kidney, Cystic: PC, prevention & control
                     Nitrobenzoates: PD, pharmacology
                     Research Support, Non-U.S. Gov't
                     Thiazoles: PD, pharmacology
                    10238-21-8 (Glyburide); 107254-86-4 (5-nitro-2-(3-
CAS REGISTRY NO.:
                    phenylpropylamino) benzoic acid); 126880-72-6 (Cystic
                    Fibrosis Transmembrane Conductance Regulator);
                    446-72-0 (Genistein); 60-92-4 (Cyclic AMP); 66428-89-5
                    (Forskolin)
                    0 (3-((3-trifluoromethyl)phenyl)-5-((3-
CHEMICAL NAME:
                    carboxyphenyl) methylene) -2-thioxo-
                    4-thiazolidinone); 0 (Benzoic Acids); 0
                    (Chloride Channels); 0 (Chlorides); 0 (Nitrobenzoates); 0
                    (Thiazoles)
                         MEDLINE on STN
L148 ANSWER 22 OF 56
ACCESSION NUMBER:
                    2004336281
                                   MEDLINE
DOCUMENT NUMBER:
                    PubMed ID: 15131065
TITLE:
                    Effects of a new cystic fibrosis
                    transmembrane conductance regulator inhibitor on Cl-
                    conductance in human sweat ducts.
                    Wang X F; Reddy M M; Quinton P M
AUTHOR:
CORPORATE SOURCE:
                    Department of Pediatrics, UCSD, 9500 Gilman Drive, La
                    Jolla, CA 92093-0831, USA.. pquinton@ucsd.edu
CONTRACT NUMBER:
                    DE14352 (NIDCR)
    DK51899 (NIDDK)
SOURCE:
                    Experimental physiology, (2004 Jul) 89 (4) 417-25.
                    Electronic Publication: 2004-05-06.
                    Journal code: 9002940. ISSN: 0958-0670.
PUB. COUNTRY:
                    England: United Kingdom
DOCUMENT TYPE:
                    Journal; Article; (JOURNAL ARTICLE)
LANGUAGE:
                    English
FILE SEGMENT:
                    Priority Journals
ENTRY MONTH:
                    200410
ENTRY DATE:
                    Entered STN: 20040708
                    Last Updated on STN: 20041019
                    Entered Medline: 20041018
ABSTRACT:
Effective and specific inhibition of the cystic fibrosis
transmembrane conductance regulator (CFTR) Cl- channel in epithelia
has long been needed to better understand the role of anion movements in fluid
and electrolyte transport. Until now, available inhibitors have required high
concentrations, usually in the millimolar or high micromolar range, to effect
even an incomplete block of channel conductance. These inhibitors, including
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5-nitro-2(3-phenylpropyl-amino)benzoate (NPPB), bumetamide, glibenclamide and DIDS, are also relatively non-specific. Recently a new anion channel inhibitor, a thiazolidinone derivative, termed CFTRInh-172 has been synthesized and introduced with apparently improved inhibitory properties as shown by effects on anion conductance expressed in cell lines and on secretion in vivo. Here, we assay the effect of this inhibitor on a purely salt absorbing native epithelial tissue, the freshly isolated microperfused human sweat duct, known for its inherently high expression of CFTR. found that the inhibitor at a maximum dose limited by its aqueous solubility of 5 microm partially blocked CFTR when applied to either surface of the membrane; however, it may be somewhat more effective from the cytosolic side (approximately 70% inhibition). It may also partially inhibit Na+ conductance. The inhibition was relatively slow, with a half time for maximum effect of about 3 min, and showed very slow reversibility. Results also suggest that C1- conductance (GC1) was blocked in both apical and basal ***CFTR*** membranes. The inhibitor appears to exert some effect on Na+ transport as well.

Copyright 2004 The Physiological Society CONTROLLED TERM: Check Tags: In Vitro

*Benzoic Acids: PD, pharmacology

*Chlorides: ME, metabolism

*Cystic Fibrosis Transmembrane Conductance Regulator:

AI, antagonists & inhibitors

*Cystic Fibrosis Transmembrane Conductance Regulator:

ME, metabolism

Cytosol: ME, metabolism

Humans

Phosphorylation

Research Support, Non-U.S. Gov't Research Support, U.S. Gov't, P.H.S. Sodium Chloride: ME, metabolism Sweat Glands: DE, drug effects *Sweat Glands: ME, metabolism *Thiazoles: PD, pharmacology

CAS REGISTRY NO.: 126880-72-6 (Cystic Fibrosis Transmembrane Conductance

Regulator); 7647-14-5 (Sodium Chloride) 0 (3-((3-trifluoromethyl)phenyl)-5-((3-

carboxyphenyl)methylene)-2-thioxo4-thiazolidinone); 0 (Benzoic Acids); 0

(Chlorides); 0 (Thiazoles)

L148 ANSWER 23 OF 56 MEDLINE on STN ACCESSION NUMBER: 2003506810 MEDLINE DOCUMENT NUMBER: PubMed ID: 14583425

TITLE: Thiazolidinediones, peripheral edema, and type 2 diabetes:

incidence, pathophysiology, and clinical implications.

AUTHOR: Mudaliar Sunder; Chang Anna R; Henry Robert R

CORPORATE SOURCE: Section of Diabetes and Metabolism, VA San Diego HealthCare

System, California 92161, USA.

SOURCE: Endocrine practice : official journal of the American

College of Endocrinology and the American Association of Clinical Endocrinologists, (2003 Sep-Oct) 9 (5) 406-16.

Ref: 40

Journal code: 9607439. ISSN: 1530-891X.

PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

General Review; (REVIEW)

LANGUAGE: English

CHEMICAL NAME:

FILE SEGMENT: Priority Journals

ENTRY MONTH: 200404

ENTRY DATE: Entered STN: 20031030

Last Updated on STN: 20040407 Entered Medline: 20040406

ABSTRACT:

OBJECTIVE: To present an objective, evidence-based review of edema associated with thiazolidinedione use in patients with type 2 diabetes. METHODS: We review the incidence, pathophysiology, and clinical significance of edema associated with the use of thiazolidinediones, with specific emphasis on the two currently available thiazolidinediones, rosiglitazone and pioglitazone. RESULTS: Both pioglitazone and rosiglitazone have been associated with increased development of edema in clinical trials. The incidence of edema in these trials varies from about 3.0 to 7.5% with the thiazolidinediones compared with 1.0 to 2.5% with placebo or other oral antidiabetic therapy. The highest incidence of edema has been reported when thiazolidinediones are used in combination with insulin. In clinical studies, these patients have an incidence of edema of 15.3% when treated with insulin plus pioglitazone and 14.7% when treated with insulin plus rosiglitazone (compared with 7.0% and 5.4% in the insulin-only groups, respectively). In addition to peripheral edema, reports have described pulmonary edema associated with thiazolidinedione therapy. In all such reports, patients failed to respond to diuretics during use of thiazolidinediones. Clinical improvement ensued only after discontinuation of thiazolidinedione therapy. Therefore, thiazolidinediones either may have some effect on the delivery of diuretics to the lumen of the nephron or may induce tubular alterations that impair the ability of the nephrons to respond to diuretics. Several potential causes have been postulated to precipitate edema in patients with diabetes who are treated with these agents: increased plasma volume, increased renal sodium reabsorption, reflex sympathetic activation, alteration of intestinal ion ***transport*** , and increased production of vascular endothelial growth factor. CONCLUSION: Available evidence suggests that edema is a class effect of the thiazolidinediones and is multifactorial in origin. Thiazolidinedione-associated edema seems to be dose related and occurs most frequently when thiazolidinediones are used in combination with insulin. Hence, therapy with these agents should be initiated at low doses, and patients should undergo assessment for edema and congestive heart failure during the first few weeks of treatment. Caution should be exercised when thiazolidine-diones are used in those at risk for or with a history of heart failure. Options for management thiazolidinedione-associated edema include dose reduction, drug discontinuation, and symptomatic therapy with diuretics. Further studies are needed to elucidate the mechanisms responsible for the cause of edema in patients with type 2 diabetes treated with thiazolidinediones and to determine whether certain factors might predict susceptibility to development of edema and congestive heart failure.

CONTROLLED TERM: *Diabetes Mellitus, Type 2: DT, drug therapy
Diabetes Mellitus, Type 2: EP, epidemiology

Diabetes Mellitus, Type 2: PP, physiopathology

*Edema: CI, chemically induced Edema: EP, epidemiology Edema: PP, physiopathology

Humans

*Hypoglycemic Agents: AE, adverse effects
*Thiazolidinediones: AE, adverse effects

CAS REGISTRY NO.: 2295-31-0 (2,4-thiazolidinedione)

CHEMICAL NAME: 0 (Hypoglycemic Agents); 0 (Thiazolidinediones)

L148 ANSWER 24 OF 56 MEDLINE on STN ACCESSION NUMBER: 2003503750 MEDLINE DOCUMENT NUMBER: PubMed ID: 14581143

TITLE: Effects of an aldose reductase inhibitor on

gastroenteropathy in streptozotocin-diabetic rats.

Oya M; Hosokawa M; Tsukada H; Fukuda K; Nakamura H; AUTHOR:

Tsukiyama K; Nagashima K; Fujimoto S; Yamada Y; Seino Y Department of Diabetes and Clinical Nutrition, Graduate

CORPORATE SOURCE: School of Medicine, Kyoto University, 54, Shogoin,

Kawara-machi, Sakyo-ku, Kyoto 606-8507, Japan.

Diabetes research and clinical practice, (2003 Nov) 62 (2) SOURCE:

69-77.

Journal code: 8508335. ISSN: 0168-8227.

Ireland PUB. COUNTRY:

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

Priority Journals FILE SEGMENT:

200407 ENTRY MONTH:

Entered STN: 20031029 ENTRY DATE:

> Last Updated on STN: 20040713 Entered Medline: 20040712

ABSTRACT:

We investigated the effects of epalrestat, an aldose reductase inhibitor (ARI), on gastric emptying, fecal water content, and electrolyte transport in distal colon in streptozotocin (STZ)-induced diabetic rats. We measured gastric emptying time by acetaminophen method and short-circuit-current (Isc) in colonic mucosa using an Ussing chamber. The Isc in response to electric-field-stimulation (EFS) was decreased in untreated rats due to suppression by C1- secretion. ARI treatment alleviated this suppression (2.7 +/- 0.6 vs. 7.4 +/- 1.1 microA/0.38 cm2 at 8 weeks after treatment, 1.1 +/- 0.2 vs. 7.0 \pm 1.0 at 12 weeks after treatment, P<0.05). In addition, the percentage of fecal water content in untreated rats was significantly lower than in ARI-treated rats (58.0 +/- 2.0 vs. 67.6 +/- 0.8% at 8 weeks, 56.9 +/-2.1 vs. 63.4 +/- 1.4 at 12 weeks, P<0.05). From STZ injection to 8 weeks, the serum levels of acetaminophen in the diabetic rats were significantly lower than in controls, indicating delayed gastric emptying. At 12 weeks in the diabetic rats treated with ARI, the serum levels of acetaminophen were significantly higher than in the untreated diabetic rats (6.6 +/- 0.4 vs. 3.5 +/- 0.5 microg/ml, P<0.05). ARI-treatment ameliorated delayed gastric emptying without improving glycemic control. These findings show that ARI partially prevented progression of impaired gastric emptying, ion ***transport*** , and water transport, and suggest that epalrestat might be useful in the treatment of diabetic gastroenteropathy. CONTROLLED TERM: Check Tags: Male

Acetaminophen: PK, pharmacokinetics

*Aldehyde Reductase: AI, antagonists & inhibitors

Animals

Blood Glucose: DE, drug effects Blood Glucose: ME, metabolism Body Water: ME, metabolism Colon: DE, drug effects *Colon: PP, physiopathology

*Diabetes Mellitus, Experimental: CO, complications *Diabetes Mellitus, Experimental: PP, physiopathology

Electrolytes: ME, metabolism

*Enzyme Inhibitors: PD, pharmacology

Feces

Gastric Emptying: DE, drug effects Intestinal Mucosa: DE, drug effects *Intestinal Mucosa: PP, physiopathology

Rats, Wistar

Research Support, Non-U.S. Gov't *Rhodanine: AA, analogs & derivatives

*Rhodanine: PD, pharmacology

Tetrodotoxin: PD, pharmacology

Time Factors

CAS REGISTRY NO.: 103-90-2 (Acetaminophen); 141-84-4 (Rhodanine);

4368-28-9 (Tetrodotoxin); 82159-09-9 (ONO 2235)

CHEMICAL NAME: 0 (Blood Glucose); 0 (Electrolytes); 0 (Enzyme Inhibitors);

EC 1.1.1.21 (Aldehyde Reductase)

L148 ANSWER 25 OF 56 MEDLINE on STN
ACCESSION NUMBER: 2001460379 MEDLINE
DOCUMENT NUMBER: PubMed ID: 11340303

TITLE: Troglitazone stimulates basolateral rheogenic Na+/HCO3-

cotransport activity in rabbit proximal straight tubules.

AUTHOR: Muto S; Miyata Y; Imai M; Asano Y

CORPORATE SOURCE: Department of Nephrology, Jichi Medical School, Kawachi,

Tochigi, Japan.. smuto@jichi.ac.jp

SOURCE: Experimental nephrology, (2001) 9 (3) 191-7.

Journal code: 9302239. ISSN: 1018-7782.

PUB. COUNTRY: Switzerland

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 200108

ENTRY DATE: Entered STN: 20010820

Last Updated on STN: 20010820 Entered Medline: 20010816

ABSTRACT:

Thiazolidinedione derivatives, new insulin-sensitizing antidiabetic agents, are expected to have potential clinical use. Since these drugs cause edema in a variable proportion of patients, we examined whether troglitazone (Tro) has direct action on Na+ transport of rabbit proximal straight tubule perfused in vitro. For this purpose, we measured basolateral membrane voltage (V(B)) by conventional microelectrode techniques and intracellular pH (pH(i)) by microscopic fluorescence spectrophotometry with a pH-sensitive fluorescent dye, 2', 7'-bis-2-carboxyethyl-5-carboxyfluorescein. Tro at 50 microM in the bath significantly depolarized both transepithelial voltage and V(B). To examine whether the basolateral rheogenic Na+/HCO3- cotransport activity is affected by Tro, we observed V(B) deflection upon abrupt 10-fold decrease in bath HCO3- in the absence and presence of Tro. The apparent transference number of HCO3-(tHCO3), as calculated from the V(B) deflection, was significantly greater in the presence of Tro (50 microM) than that seen in its absence. Tro caused cell acidification and increased the intracellular acidification rates (dpH(i)/dt) upon abrupt 10-fold decreases in bath HCO3- and Na+ concentrations. The stimulatory effects of Tro on tHCO3 and dpH(i)/dt were dose dependent between 5 and 50 miccroM, but they were unaffected at 0.5 microM. From these results, we conclude that Tro acts on the proximal straight tubule and stimulates the basolateral rheogenic Na+/HCO3- cotransport activity. The stimulatory action of Tro may partly account for edema formation.

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CONTROLLED TERM: Check Tags: In Vitro; Male

*Acidosis: ME, metabolism

Animals

*Bicarbonates: ME, metabolism
*Cell Membrane: DE, drug effects
Cell Membrane: PH, physiology
*Cell Polarity: DE, drug effects
*Chromans: PK, pharmacokinetics
*Chromans: PD, pharmacology
Dose-Response Relationship, Drug

Electrophysiology

Hydrogen-Ion Concentration

*Ion Transport: DE, drug effects

*Kidney Tubules, Proximal: DE, drug effects *Kidney Tubules, Proximal: PH, physiology *Membrane Potentials: DE, drug effects

Perfusion Rabbits

Research Support, Non-U.S. Gov't

Sodium: BL, blood *Sodium: ME, metabolism

*Sodium-Hydrogen Antiporter: ME, metabolism

Spectrometry, Fluorescence *Thiazoles: PK, pharmacokinetics *Thiazoles: PD, pharmacology

*Thiazolidinediones

CAS REGISTRY NO.: 7440-23-5 (Sodium); 97322-87-7 (troglitazone)

CHEMICAL NAME: 0 (Bicarbonates); 0 (Chromans); 0 (Sodium-Hydrogen Antiporter); 0 (Thiazoles); 0 (Thiazolidinediones)

L148 ANSWER 26 OF 56 MEDLINE ON STN ACCESSION NUMBER: 2000155279 MEDLINE

DOCUMENT NUMBER: PubMed ID: 10693612

TITLE: Marathon with cystic fibrosis and bilateral lung transplant.

AUTHOR: Stanghelle J K; Koss J O; Bjortuft O; Geiran O

CORPORATE SOURCE: Sunnaas Rehabilitation Hospital, Nesoddtangen, Norway.

SOURCE: Scandinavian journal of medicine & science in sports, (2000

Feb) 10 (1) 42-6.

Journal code: 9111504. ISSN: 0905-7188.

PUB. COUNTRY: Denmark

DOCUMENT TYPE: (CASE REPORTS)

Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 200003

ENTRY DATE: Entered STN: 20000327

Last Updated on STN: 20000327 Entered Medline: 20000315

ABSTRACT:

The article presents studies performed before, during and after a marathon run (42,195 m) in a 32-year-old man who underwent a bilateral lung transplantation because of end-stage cystic fibrosis (CF) 15 months prior to the race. Before the run his FEV1 was 81% predicted, compared with 19% predicted before the operation, and his maximal oxygen uptake was 31.9 ml/kg(-1)/min(-1). He completed the New York City Marathon 1998 without major problems in 7 h 8 min 50s. Pulmonary tests, biochemical changes and endocrine responses indicated transient changes, mostly as expected in healthy marathon runners. The case demonstrates that physiological trainability and psychological will power following a successful bilateral lung transplantation can transform a chronically ill CF patient into a robust marathon runner.

CONTROLLED TERM: Check Tags: Male

Adult

Creatine Kinase: BL, blood

Cystic Fibrosis: PP, physiopathology

*Cystic Fibrosis: SU, surgery

Forced Expiratory Volume

Humans

Hydrocortisone: BL, blood
*Lung Transplantation

Research Support, Non-U.S. Gov't

*Running

Running: PH, physiology Uric Acid: BL, blood

CAS REGISTRY NO.: 50-23-7 (Hydrocortisone); 69-93-2 (Uric Acid)

CHEMICAL NAME: EC 2.7.3.2 (Creatine Kinase)

L148 ANSWER 27 OF 56 MEDLINE ON STN ACCESSION NUMBER: 97339439 MEDLINE DOCUMENT NUMBER: PubMed ID: 9196038

TITLE: Genistein directly induces cardiac CFTR chloride

current by a tyrosine kinase-independent and protein kinase A-independent pathway in guinea pig ventricular myocytes.

AUTHOR: Chiang C E; Chen S A; Chang M S; Lin C I; Luk H N

CORPORATE SOURCE: Division of Cardiology, Veterans General Hospital-Taipei

and National Yang-Ming University School of Medicine, Taiwan, Republic of China.. cechiang@vqhtpe.gov.tw

SOURCE: Biochemical and biophysical research communications, (1997

Jun 9) 235 (1) 74-8.

Journal code: 0372516. ISSN: 0006-291X.

PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 199707

ENTRY DATE: Entered STN: 19970805

Last Updated on STN: 19980206 Entered Medline: 19970721

ABSTRACT:

With one-suction electrode voltage-clamp technique, we demonstrated that genistein, a tyrosine kinase (TK) inhibitor, could directly activate fibrosis transmembrane regulator (CFTR) chloride current in guinea pig ventricular myocytes. The activation showed concentration-dependent effect with the estimated IC50 of 39.7 microM. Tyrphostin 51, another TK inhibitor, had no effect, suggesting that genistein's effect might be unrelated to TK inhibition. After the chloride current had been activated by the maximally elevated intracellular cAMP content by saturating concentration of isoproterenol, forskolin and IBMX, genistein could further enhance the current. Pre-treatment with saturating concentration of a specific protein kinase A (PKA) inhibitor, H-89, or other protein kinase inhibitors H-8 and H-9 in the perfusate or intracellularly could not prevent the activation of the current by genistein, suggesting a PKA-independent activity. Furthermore, saturating concentration of calyculin A, a specific inhibitor of phosphotase 1 and 2A, in the perfusate or intracellularly could not block genistein's action. It is possible that genistein opens the channels directly or inhibits the dephosphorylation process CFTR, which is not sensitive calyculin A.

CONTROLLED TERM: Check Tags: Female; Male

Adrenergic beta-Agonists: PD, pharmacology

Animals

Cells, Cultured

Chloride Channels: DE, drug effects *Chloride Channels: ME, metabolism

Chlorides: ME, metabolism

*Cyclic AMP-Dependent Protein Kinases: ME, metabolism
*Cystic Fibrosis Transmembrane Conductance Regulator:

ME, metabolism

*Enzyme Inhibitors: PD, pharmacology

Forskolin: PD, pharmacology

Genistein
Guinea Pigs

Heart Ventricles: DE, drug effects *Isoflavones: PD, pharmacology Isoproterenol: PD, pharmacology Isoquinolines: PD, pharmacology *Myocardium: ME, metabolism

Oxazoles: PD, pharmacology Patch-Clamp Techniques

Protein-Tyrosine Kinase: AI, antagonists & inhibitors

*Protein-Tyrosine Kinase: ME, metabolism

Research Support, Non-U.S. Gov't

*Sulfonamides

CAS REGISTRY NO.: 101932-71-2 (calyculin A); 126880-72-6 (Cystic

Fibrosis Transmembrane Conductance Regulator); 127243-85-0 (H 89); 446-72-0 (Genistein); 486-66-8 (daidzein); 66428-89-5 (Forskolin); 7683-59-2

(daidzein); 66428-89-5 (FOISKOIIN);

(Isoproterenol)

CHEMICAL NAME: 0 (Adrenergic beta-Agonists); 0 (Chloride Channels); 0

(Chlorides); 0 (Enzyme Inhibitors); 0 (Isoflavones); 0 (Isoquinolines); 0 (Oxazoles); 0 (Sulfonamides); EC 2.7.1.112 (Protein-Tyrosine Kinase); EC 2.7.1.37 (Cyclic

AMP-Dependent Protein Kinases)

L148 ANSWER 28 OF 56 MEDLINE ON STN ACCESSION NUMBER: 96088787 MEDLINE DOCUMENT NUMBER: PubMed ID: 7576703

TITLE: CFTR-mediated chloride permeability is regulated

by type III phosphodiesterases in airway epithelial cells.

AUTHOR: Kelley T J; al-Nakkash L; Drumm M L

CORPORATE SOURCE: Department of Pediatrics, Willard Bernbaum Cystic Fibrosis

Center, USA.

CONTRACT NUMBER: DK45965 (NIDDK)

P30 DK27651 (NIDDK) T32 HL07451 (NHLBI)

SOURCE: American journal of respiratory cell and molecular biology,

(1995 Dec) 13 (6) 657-64.

Journal code: 8917225. ISSN: 1044-1549.

PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 199512

ENTRY DATE: Entered STN: 19960124

Last Updated on STN: 19960124 Entered Medline: 19951228

ABSTRACT:

Chloride channel activity of **cystic fibrosis** transmembrane conductance regulator (**CFTR**) requires activation of protein kinase A (PKA) by 3'-5'-cyclic adenosine monophosphate (cAMP). The level of cAMP is controlled by the balance between cAMP synthesis and hydrolysis by adenylate cyclase and phosphodiesterases (PDEs), respectively. **CFTR** channel activity appears to be most sensitive to the activity of type III cyclic nucleotide PDEs in Calu-3 and 16HBE cells, both derived from airway epithelium and expressing wild-type **CFTR**. Type III PDEs can be identified by their sensitivity to specific inhibitors such as milrinone and amrinone. In Calu-3 cells, specific inhibition of type III PDEs increased chloride efflux up to 13.7-fold, whereas neither rolipram nor Ro20-1724 (type IV PDE inhibitors) nor 3-isobutyl-1-methylxanthine (IBMX, a nonspecific PDE inhibitor) elicited significant increases. None of these compounds had an appreciable effect on total cellular cAMP levels, yet the effects of milrinone and amrinone on chloride efflux were blocked by treatment of cells with Rp-cAMPS, a cAMP analog

that inhibits PKA at the site of cAMP binding. Similarly, H***8*** , an inhibitor of PKA, reduced milrinone-stimulated chloride efflux,
indicating that efflux is mediated through the cAMP/PKA pathway. Whole-cell
patch clamp analysis revealed that milrinone generated chloride conductances
with properties consistent with those of CFTR. Milrinone elicited
chloride currents in a dose-dependent manner and induced CFTR
activity in the absence of adenylate cyclase agonists. These data suggest that
type III PDEs are specifically involved in CFTR activation in airway
epithelial cells and that PDE regulation of CFTR may involve
subcellular compartments of cAMP.

CONTROLLED TERM: Cell Line

Cell Membrane Permeability: PH, physiology

Cell Polarity: PH, physiology *Chloride Channels: PH, physiology *Chlorides: PK, pharmacokinetics Cyclic AMP: ME, metabolism

*Cystic Fibrosis Transmembrane Conductance Regulator:

PH, physiology

Epithelium: ME, metabolism

Humans

Lung: CY, cytology Patch-Clamp Techniques

Phosphodiesterase Inhibitors: PD, pharmacology *Phosphoric Diester Hydrolases: PH, physiology

Research Support, Non-U.S. Gov't Research Support, U.S. Gov't, P.H.S.

CAS REGISTRY NO.: 126880-72-6 (Cystic Fibrosis Transmembrane Conductance

Regulator); 60-92-4 (Cyclic AMP)

CHEMICAL NAME: 0 (Chloride Channels); 0 (Chlorides); 0 (Phosphodiesterase

Inhibitors); EC 3.1.4 (Phosphoric Diester Hydrolases)

L148 ANSWER 29 OF 56 MEDLINE ON STN ACCESSION NUMBER: 92272145 MEDLINE DOCUMENT NUMBER: PubMed ID: 1317106

TITLE: cGMP-dependent protein kinase regulation of a chloride

channel in T84 cells.

AUTHOR: Lin M; Nairn A C; Guggino S E

CORPORATE SOURCE: Department of Medicine, Johns Hopkins University, School of

Medicine, Baltimore, Maryland 21205.

SOURCE: American journal of physiology, (1992 May) 262 (5 Pt 1)

C1304-12.

Journal code: 0370511. ISSN: 0002-9513.

PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 199206

ENTRY DATE: Entered STN: 19920710

Last Updated on STN: 19970203 Entered Medline: 19920625

ABSTRACT:

Chloride channels at the apical membrane of intestinal epithelial cells are involved in the excessive fluid secretion in diarrhea and diminished secretion in cystic fibrosis (CF). Diarrhea induced by heat-stable toxin from Escherichia coli is associated with elevated guanosine 3',5'-cyclic monophosphate (cGMP) in intestinal epithelial cells, but it is unknown whether chloride secretion is regulated by cGMP directly or via cGMP-dependent protein kinase (PKG). Single-channel recordings (inside-out excised patches) from the apical membrane of T84 cells reveal a 10-pS chloride channel with a linear current-voltage relationship, which is opened when an endogenous membrane-bound

```
PKG is activated with ATP (1 mM) and cGMP (100 microM). Soluble PKG (200 nM)
isolated from bovine lung, added to the intracellular face of patches, also
opens this channel. No activation occurs with Ringer solution alone or only
ATP or cGMP. Addition of nonhydrolyzable forms of ATP (AMP-PNP, 1 mM) or a
combination of ATP, cGMP, plus H-8 (5 microM), an inhibitor of PKG, also does not stimulate the channel. The catalytic subunit of
adenosine 3',5'-cyclic mono-phosphate-dependent protein kinase (PKA, 200 nM,
with 1 mM ATP) activates a channel with similar characteristics. The 10 pS channel has a PNa/PCl ratio of 0.06, an anion selectivity of Br- (1.2) greater
than Cl- (1.0) greater than I- (0.8) greater than F- (0.4), and a low affinity
for the chloride channel blockers, 4,4-dinitrostilbene-2,2-disulfonic acid and
5-nitro-2-(3-phenylpropylamino)benzoic acid.(ABSTRACT TRUNCATED AT 250 WORDS)
                        Adenosine Triphosphate: PD, pharmacology
CONTROLLED TERM:
                       *Carcinoma: ME, metabolism
                        Chloride Channels
```

Chlorides: ME, metabolism

*Colonic Neoplasms: ME, metabolism Cyclic GMP: PD, pharmacology *Cyclic GMP: PH, physiology

Electric Conductivity

Humans

Ion Channel Gating

Membrane Proteins: AI, antagonists & inhibitors

*Membrane Proteins: ME, metabolism Membrane Proteins: PH, physiology Nitrobenzoates: PD, pharmacology *Protein Kinases: PH, physiology Research Support, Non-U.S. Gov't

Stilbenes: PD, pharmacology

Tumor Cells, Cultured

107254-86-4 (5-nitro-2-(3-phenylpropylamino)benzoic acid); CAS REGISTRY NO.:

128-42-7 (4,4'-dinitro-2,2'-stilbenedisulfonic acid); 56-65-5 (Adenosine Triphosphate); 7665-99-8 (Cyclic GMP)

0 (Chloride Channels); 0 (Chlorides); 0 (Membrane CHEMICAL NAME:

Proteins); 0 (Nitrobenzoates); 0 (Stilbenes); EC 2.7.1.37

(Protein Kinases)

L148 ANSWER 30 OF 56 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2005275082 EMBASE

The favorable outcome of human islet transplantation in TITLE:

Korea: Experiences of 10 autologous transplantations.

Lee B.-W.; Jee J.-H.; Heo J.-S.; Choi S.-H.; Jang K.-T.; AUTHOR:

Noh J.-H.; Jeong I.-K.; Oh S.-H.; Ahn Y.-R.; Chae H.-Y.; Min Y.-K.; Chung J.-H.; Lee M.-K.; Lee M.-S.; Kim K.-W.

Dr. K.-W. Kim, Department of Medicine, Samsung Medical CORPORATE SOURCE:

Center, Sungkyunkwan University School of Medicine, 50

Ilwondong, Kangnam-ku, Seoul 135-710, Korea, Republic of.

kwwkim@smc.samsung.co.kr

Transplantation, (15 Jun 2005) Vol. 79, No. 11, pp. SOURCE:

> 1568-1574. . Refs: 31

ISSN: 0041-1337 CODEN: TRPLAU

COUNTRY: United States DOCUMENT TYPE: Journal; Article

Drug Literature Index FILE SEGMENT: 037

> 048 Gastroenterology

English LANGUAGE: SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 20050707 Last Updated on STN: 20050707

ABSTRACT: Background. Cystic neoplasms of the pancreas are an increasingly diagnosed entity, and surgical resection of the pancreas is advocated. Islet autotransplantation is a therapeutic approach used to prevent diabetes in cases of pathologically benign neoplasm after major pancreatectomy. Methods. A total of 10 patients underwent pancreatectomy with islet autotransplantation. To evaluate islet transplantation efficiency, the authors compared 23 subjects who did not undergo islet transplantation after partial pancreatectomy with 87 subjects with normal glucose tolerance and with 77 diabetic subjects that did not undergo pancreatectomy. Results. Ten female patients with nine cystic neoplasms and one patient with pancreatic injury underwent transplantation. Their mean islet equivalents (IEQ) was 3,159 IEQ/kq. During follow-up, two recipients required insulin or oral agents. At the 12-month follow-up, homeostasis model assessment (HOMA)-β was 77.36 ± 17.68, the insulinogenic index (INSindex) was 0.49 ± 0.11, and fasting C-peptide and hemoglobin Alc were 1.28 ± 0.18 ng/mL and 5.73 + 0.26%, respectively. Islet replacement was found to increase HOMA-β by approximately 17% compared with distal pancreatectomy in normal glucose tolerance subjects without islet autotransplantation and by 46% compared with distal pancreatectomy diabetes subjects without islet autotransplantation. Factors different in the two insulin and oral hypoglycemic agent (OHA) - requiring recipients and the eight insulin- and OHA-free recipients were pancreatectomy extent, preoperative glucose metabolism insufficiency, age, and underlying cystic neoplasm disease. Conclusions. Even partial islet graft function can have a beneficial metabolic effect on the recipient in terms of metabolic parameters such as HOMA-β and INSindex. This study suggests that islet replacement should be considered for experimental procedures in benign pancreatic conditions. Copyright .COPYRGT. 2005 by Lippincott Williams & Wilkins.

CONTROLLED TERM: Medical Descriptors:

*pancreas islet transplantation

*autotransplantation

South Korea

pancreas cyst: DI, diagnosis
pancreas cyst: SU, surgery

diabetes mellitus pancreas resection

evaluation

glucose tolerance

pancreas injury: SU, surgery

follow up homeostasis

model

homeostasis model assessment beta assay

assay

outcomes research glucose metabolism

human female

clinical article controlled study

adult article

priority journal
Drug Descriptors:

insulin: DO, drug dose
metformin: DO, drug dose

metformin: PO, oral drug administration

rosiglitazone: DO, drug dose

rosiglitazone: PO, oral drug administration

oral antidiabetic agent: DO, drug dose

oral antidiabetic agent: PO, oral drug administration

(insulin) 9004-10-8; (metformin) 1115-70-4, 657-24-9; (CAS REGISTRY NO.:

rosiglitazone) 122320-73-4,

155141-29-0

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ACCESSION NUMBER: 2005106462 EMBASE

Therapeutic effects of troglitazone in TITLE: experimental chronic pancreatitis in mice.

Van Westerloo D.J.; Florquin S.; De Boer A.M.; Daalhuisen AUTHOR:

J.; De Vos A.F.; Bruno M.J.; Van Der Poll T.

CORPORATE SOURCE: Dr. D.J. Van Westerloo, Academic Medical Center, Dept. of

> Gastroenterol. and Hepatol., Meibergdreef 9, 1105 AZ, Amsterdam, Netherlands. d.j.vanwesterloo@amc.uva.nl

SOURCE: American Journal of Pathology, (2005) Vol. 166, No. 3, pp.

721-728. Refs: 41

ISSN: 0002-9440 CODEN: AJPAA4

COUNTRY: United States DOCUMENT TYPE: Journal; Article

FILE SEGMENT: 029 Clinical Biochemistry

030 Pharmacology

037 Drug Literature Index

048 Gastroenterology

LANGUAGE: English SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 20050324

Last Updated on STN: 20050324

ABSTRACT: Peroxisome proliferator-activated receptor (PPAR)-γ controls growth, differentiation, and inflammation. PPAR-y agonists exert anti-inflammatory effects in vitro and inhibit the activation of pancreas stellate cells, implicated in the formation and progression of fibrosis. determined the influence of troglitazone, a ligand for PPAR- γ , on pancreatic damage and fibrosis in experimental chronic pancreatitis. Mice received six hourly intraperitoneal injections with 50 μg/kg of cerulein or saline, three times a week for 6 weeks. One week after the last injection all mice were sacrificed. Untreated mice were compared with mice treated with ***troglitazone*** either during weeks 1 to 6 or weeks 4 to 6. All mice that received cerulein injections displayed histopathological signs of chronic pancreatitis at week 7. Troglitazone treatment improved all markers for severity of pancreatitis. Moreover, early and postponed ***troglitazone*** treatments were equally effective in diminishing intrapancreatic fibrosis as quantified by Sirius red staining, hydroxyproline content, and laminin staining as well as the increased number of pancreatic stellate cells and pancreas levels of transforming growth factor-β. Thus, attenuated pancreatic damage and inflammation in ***troqlitazone*** experimental chronic pancreatitis and remained beneficial in a therapeutic setting when given after initial damage had been established. Copyright .COPYRGT. American Society for Investigative Pathology.

CONTROLLED TERM: Medical Descriptors:

*chronic pancreatitis: DT, drug therapy

drug effect

antiinflammatory activity

cystic fibrosis: DT, drug therapy pancreas injury: DT, drug therapy

histopathology

disease severity stellate cell enzyme linked immunosorbent assay immunohistochemistry enzyme activity nonhuman female mouse animal model controlled study animal tissue article priority journal Drug Descriptors: *troglitazone: DO, drug dose *troglitazone: DT, drug therapy *troglitazone: PD, pharmacology *troglitazone: PO, oral drug administration peroxisome proliferator activated receptor gamma: EC, endogenous compound peroxisome proliferator activated receptor agonist ceruletide sodium chloride hydroxyproline: EC, endogenous compound transforming growth factor betal: EC, endogenous compound collagen: EC, endogenous compound interleukin 6: EC, endogenous compound tumor necrosis factor receptor 1: EC, endogenous compound myeloperoxidase: EC, endogenous compound laminin: EC, endogenous compound alpha smooth muscle actin: EC, endogenous compound amylase: EC, endogenous compound (troglitazone) 97322-87-7; (ceruletide) CAS REGISTRY NO.: 17650-98-5; (sodium chloride) 7647-14-5; (hydroxyproline) 51-35-4, 6912-67-0; (collagen) 9007-34-5; (laminin) 2408-79-9; (amylase) 9000-90-2, 9000-92-4, 9001-19-8 COMPANY NAME: Sankyo (Japan) L148 ANSWER 32 OF 56 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN ACCESSION NUMBER: 2005403676 EMBASE Emerging therapies for polycystic kidney disease. TITLE: AUTHOR: Gattone II V.H. V.H. Gattone II, Department of Anatomy and Cell Biology, CORPORATE SOURCE: Indiana University School of Medicine, Indianapolis, IN 46202, United States. vgattone@iupui.edu SOURCE: Current Opinion in Pharmacology, (2005) Vol. 5, No. 5 SPEC.ISS., pp. 535-542. . Refs: 85 ISSN: 1471-4892 CODEN: COPUBK PUBLISHER IDENT.: S 1471-4892 (05) 00114-1 United Kingdom COUNTRY: DOCUMENT TYPE: Journal; General Review FILE SEGMENT: Human Genetics 022 028 Urology and Nephrology 030 Pharmacology 037 Drug Literature Index LANGUAGE: English SUMMARY LANGUAGE: English

Entered STN: 20050922

ENTRY DATE:

Last Updated on STN: 20050922

ABSTRACT: Polycystic kidney diseases are the most common, monogenetic, inherited diseases in humans. Numerous human genes or gene loci are associated with a renal cystic phenotype. Currently, there are no treatments available to slow the development of renal cystic pathology; however, animal studies have identified several potential approaches to intervene in the disease process. The most advanced therapy is the use of vasopressin V(2) receptor antagonists, which reduce renal cAMP, a known promoter of renal ***cystic*** enlargement. Other therapies under study include the use of c-myc antisense oligonucelotides and epidermal growth factor receptor tyrosine kinase inhibitors. Considering the diverse genes that cause renal cysts and the multiorgan involvement of these diseases, multiple therapeutic approaches will eventually be necessary to treat these diseases. .COPYRGT. 2005 Elsevier Ltd. All rights reserved.

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CONTROLLED TERM:
                    Medical Descriptors:
                    *kidney polycystic disease: DT, drug therapy
                    *kidney polycystic disease: ET, etiology
                    *kidney polycystic disease: TH, therapy
                    monogenic disorder
                    gene locus
                    phenotype
                    genetic association
                    disease control
                    pathology
                    disease course
                    drug mechanism
                    kidney cyst
                    gene therapy
                    drug screening
                    human
                    nonhuman
                    clinical trial
                    review
                    priority journal
                    Drug Descriptors:
                    vasopressin V2 receptor: EC, endogenous compound
                    vasopressin receptor antagonist: CM, drug comparison
                    vasopressin receptor antagonist: DV, drug development
                    vasopressin receptor antagonist: DT, drug therapy
                    vasopressin receptor antagonist: PD, pharmacology
                    cyclic AMP: EC, endogenous compound
                    Myc protein: EC, endogenous compound
                    mozavaptan: DV, drug development
                    mozavaptan: DT, drug therapy
                    mozavaptan: PD, pharmacology
                    tolvaptan: CT, clinical trial
                    tolvaptan: DT, drug therapy
                    tolvaptan: PD, pharmacology
                    small interfering RNA: DV, drug development
                    small interfering RNA: DT, drug therapy
                    antisense oligonucleotide: CT, clinical trial
                    antisense oligonucleotide: CM, drug comparison
                    antisense oligonucleotide: DT, drug therapy
                    antisense oligonucleotide: PD, pharmacology
                    avi 4126: CT, clinical trial
                    avi 4126: CM, drug comparison
                    avi 4126: DT, drug therapy
                    avi 4126: PD, pharmacology
                    epidermal growth factor receptor kinase inhibitor: CM, drug
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comparison

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epidermal growth factor receptor kinase inhibitor: DT, drug
                    therapy
                    chlorotrianisene: CM, drug comparison
                    chlorotrianisene: DV, drug development
                    chlorotrianisene: DT, drug therapy
                    chlorotrianisene: PD, pharmacology
                    paclitaxel: CM, drug comparison
                    paclitaxel: DV, drug development
                    paclitaxel: DT, drug therapy
                    paclitaxel: PD, pharmacology
                    dipeptidyl carboxypeptidase inhibitor: CM, drug comparison
                    dipeptidyl carboxypeptidase inhibitor: DT, drug therapy
                    dipeptidyl carboxypeptidase inhibitor: PD, pharmacology
                    angiotensin receptor antagonist: DT, drug therapy
                    angiotensin receptor antagonist: PD, pharmacology
                    methylprednisolone: CM, drug comparison
                    methylprednisolone: DT, drug therapy
                    methylprednisolone: PD, pharmacology
                    rapamycin: CM, drug comparison
                    rapamycin: DT, drug therapy
                    matrix metalloproteinase inhibitor: CM, drug comparison
                    matrix metalloproteinase inhibitor: DT, drug therapy
                    matrix metalloproteinase inhibitor: PD, pharmacology
                    antilipemic agent: CM, drug comparison
                    antilipemic agent: DT, drug therapy
                      pioglitazone: CM, drug comparison
                      pioglitazone: DT, drug therapy
                    octreotide: DT, drug therapy
                    cyclooxygenase 2 inhibitor: DT, drug therapy
                    unclassified drug
CAS REGISTRY NO.:
                    (cyclic AMP) 60-92-4; (mozavaptan) 137975-06-5; (tolvaptan)
                    150683-30-0; (chlorotrianisene) 569-57-3; (paclitaxel)
                    33069-62-4; (methylprednisolone) 6923-42-8, 83-43-2;
                    (rapamycin) 53123-88-9; (pioglitazone)
                    105355-27-9, 111025-46-8; (octreotide)
                    83150-76-9
                    (1) Avi 4126; Opc 31260; Opc 41061
CHEMICAL NAME:
COMPANY NAME:
                    (1) Avi Biopharma
L148 ANSWER 33 OF 56 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights
     reserved on STN
                    2005372852 EMBASE
ACCESSION NUMBER:
                    Emerging role of AMP-activated protein kinase in coupling
TITLE:
                    membrane transport to cellular metabolism.
AUTHOR:
                    Hallows K.R.
CORPORATE SOURCE:
                    Dr. K.R. Hallows, Renal-Electrolyte Division, Department of
                    Medicine, University of Pittsburgh School of Medicine, 3550
                    Terrace Street, Pittsburgh, PA 15261, United States.
                    hallows@pitt.edu
                    Current Opinion in Nephrology and Hypertension, (2005) Vol.
SOURCE:
                    14, No. 5, pp. 464-471. .
                    Refs: 73
                    ISSN: 1062-4821 CODEN: CNHYEM
COUNTRY:
                    United Kingdom
DOCUMENT TYPE:
                    Journal; General Review
FILE SEGMENT:
                    002
                            Physiology
                    029
                            Clinical Biochemistry
LANGUAGE:
                    English
SUMMARY LANGUAGE:
                    English
```

ENTRY DATE: Entered STN: 20050915

Last Updated on STN: 20050915

ABSTRACT: Purpose of review: It has long been recognized that the coupling of membrane transport to underlying cellular metabolic status is critical because transport processes consume a large portion of total cellular energy. Recently, the finely tuned metabolic sensor AMP-activated protein kinase (AMPK) has emerged as a membrane transport regulator, which may permit sensitive transport-metabolism crosstalk. This review will discuss how AMPK may play an important role in the regulation of ion and solute transport across the plasma membrane under both physiological and pathological conditions in epithelia and other tissues. Recent findings: Recent studies have found that AMPK, which becomes activated during cellular metabolic stress, promotes the cellular uptake of fuel sources such as glucose and fatty acids to promote ATP generation and inhibits ion-transport proteins such as the cystic fibrosis transmembrane conductance regulator Cl(-) channel and the epithelial Na(+) channel, thereby limiting the dissipation of transmembrane ion gradients. An understanding of the underlying cellular and molecular mechanisms for AMPK-dependent regulation of transport proteins is beginning to emerge. Summary: As earlier studies have focused on the role of nucleotides such as ATP in regulating transport-protein activities, the regulation of membrane transport by AMPK represents a novel and more-sensitive mechanism for the coupling of membrane transport to cellular metabolic status. Identifying new membrane-transport targets of AMPK and elucidating the mechanisms involved in their AMPK-dependent regulation are fruitful areas for new investigation that should yield valuable insights into the pathophysiology of hypoxic and ischemic tissue injury. .COPYRGT. 2005 Lippincott Williams & Wilkins.

CONTROLLED TERM: Medical Descriptors:

*membrane transport *cell metabolism regulatory mechanism

ion transport

solute

chloride channel

hypoxia ischemia tissue injury nutrient uptake

voltage gated sodium channel

familial hypertrophic cardiomyopathy

Wolff Parkinson White syndrome

Peutz Jeghers syndrome

Xenopus oocyte

pancreas islet beta cell

glucose transport fatty acid transport

cell growth inflammation protein synthesis glycogen synthesis fatty acid synthesis sterol synthesis oxidative stress nonhuman

mouse

controlled study

animal cell

review

priority journal

Drug Descriptors:

*hydroxymethylglutaryl coenzyme A reductase kinase: EC,

endogenous compound

glucose: EC, endogenous compound fatty acid: EC, endogenous compound

adenosine triphosphate: EC, endogenous compound transmembrane conductance regulator: EC, endogenous compound

sodium potassium chloride cotransporter: EC, endogenous

adenosine triphosphatase (potassium sodium): EC, endogenous

compound metformin

rosiglitazone

mammalian target of rapamycin: EC, endogenous compound apoptosis signal regulating kinase 1: EC, endogenous

5 amino 4 imidazolecarboxamide riboside

glucose transporter 1: EC, endogenous compound glucose transporter 2: EC, endogenous compound

sodium glucose cotransporter 1: EC, endogenous compound ubiquitin protein ligase NEDD4: EC, endogenous compound

CAS REGISTRY NO.:

(hydroxymethylglutaryl coenzyme A reductase kinase) 172522-01-9, 72060-32-3; (glucose) 50-99-7, 84778-64-3; (adenosine triphosphate) 15237-44-2, 56-65-5, 987-65-5;

(metformin) 1115-70-4, 657-24-9; (rosiglitazone)

122320-73-4, 155141-29-0; (apoptosis

signal regulating kinase 1) 185464-61-3; (5 amino 4 imidazolecarboxamide riboside) 2627-69-2; (glucose transporter 1) 172077-08-6; (glucose transporter 2) 357693-20-0

L148 ANSWER 34 OF 56 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN

2005402165 EMBASE ACCESSION NUMBER:

Anti-inflammatory medications for cystic fibrosis TITLE:

lung disease: Selecting the most appropriate agent.

Chmiel J.F.; Konstan M.W. AUTHOR:

CORPORATE SOURCE: J.F. Chmiel, Division of Pediatric Pulmonology, MS# 6006,

Rainbow Babies and Children's Hospital, 11100 Euclid

Avenue, Cleveland, OH 44106, United States.

james.chmiel@uhhs.com

Treatments in Respiratory Medicine, (2005) Vol. 4, No. 4, SOURCE:

pp. 255-273. . Refs: 161

ISSN: 1176-3450 CODEN: TRMRCZ

COUNTRY: New Zealand

Journal; General Review DOCUMENT TYPE: FILE SEGMENT: 004 Microbiology

> 015 Chest Diseases, Thoracic Surgery and Tuberculosis

030 Pharmacology

Drug Literature Index 037 038 Adverse Reactions Titles

LANGUAGE: English SUMMARY LANGUAGE: English

Entered STN: 20051006 ENTRY DATE:

Last Updated on STN: 20051006

ABSTRACT: The lung disease of cystic fibrosis (CF) is characterized by a self-sustaining cycle of airway obstruction, infection, and inflammation. Therapies aimed at decreasing the inflammatory response represent a relatively new strategy for treatment. Attention has focused primarily upon the therapeutic potential of corticosteroids and NSAIDs. Although beneficial, the use of systemic corticosteroids is limited by their unacceptable adverse effects. It is unclear if inhaled corticosteroids are a viable alternative, although their use in CF has dramatically increased in recent years. High-dose ibuprofen has been shown to slow progression of CF lung disease, but its use has not been widely adopted despite a favorable risk-benefit profile. other anti-inflammatory approaches are under investigation. Since the inflammatory response can be triggered by many stimuli and since the pathways activated by these stimuli produce many mediators, there are a plethora of targets for anti-inflammatory therapeutics. Specific antibodies, receptor antagonists, and counter-regulatory cytokines, such as interleukin (IL)-10 and interferon- γ inhibit the pro-inflammatory mediators responsible for the damaging inflammation in the CF airway, including tumor necrosis factor- α , IL-1 β and IL-8. Studies of molecules that modulate intracellular signaling cascades that lead to the production of inflammatory mediators, are underway in CF. For patients with established disease, recent and projected advances in therapies that are directed at neutrophil products, such as DNase, antioxidants, and protease inhibitors, hold great promise for limiting the consequences of the inflammatory response. To optimize anti-inflammatory therapy, it is necessary to understand the mechanism of action of these agents in the CF lung to determine which agents will be most beneficial, and to determine which therapies should be initiated at what age and stage of lung disease. Hope remains that correction of the abnormal CF transmembrane conductance regulator protein or gene replacement therapy will be curative. However, correction of the basic defect must also correct the dysregulated inflammatory response in order to be effective. Until those therapies aimed at repairing the basic defect are realized, limiting the effects of the inflammatory process will be important in slowing the decline in lung function and thus prolonging survival in patients with CF. .COPYRGT. 2005 Adis Data Information BV. All rights reserved.

CONTROLLED TERM:

Medical Descriptors:

*cystic fibrosis: DT, drug therapy

airway obstruction

pneumonia

respiratory tract infection: DT, drug therapy

drug use drug megadose disease course health hazard stimulus drug targeting antibody specificity lung injury signal transduction neutrophil

age gene replacement therapy

convalescence lung function survival time

Staphylococcus infection: ET, etiology

Staphylococcus aureus

Gram negative infection: DT, drug therapy Gram negative infection: ET, etiology Gram negative infection: PC, prevention

Haemophilus influenzae type a

Pseudomonas aeruginosa Burkholderia cepacia

```
Stenotrophomonas maltophilia
Achromobacter xylosoxidans
bacterial infection: DT, drug therapy
bacterial infection: ET, etiology
bacterial infection: PC, prevention
growth retardation: SI, side effect
cataract: SI, side effect
disorders of carbohydrate metabolism: SI, side effect
glucose intolerance: SI, side effect
disease exacerbation: DT, drug therapy
disease exacerbation: SI, side effect
osteopenia
osteoporosis
muscle weakness: SI, side effect
bone density
side effect: SI, side effect
epistaxis: SI, side effect
conjunctivitis: SI, side effect
gastrointestinal symptom: DT, drug therapy
gastrointestinal symptom: SI, side effect
gastrointestinal hemorrhage: DT, drug therapy
gastrointestinal hemorrhage: SI, side effect
kidney failure: SI, side effect
bronchiectasis: DT, drug therapy
bronchiolitis: DT, drug therapy
nausea: SI, side effect
diarrhea: SI, side effect
wheezing: SI, side effect
kidney dysfunction: SI, side effect
hypertrichosis: SI, side effect
gingiva hyperplasia: SI, side effect
drug safety
human
nonhuman
clinical trial
review
priority journal
Drug Descriptors:
*antiinflammatory agent: AE, adverse drug reaction
*antiinflammatory agent: CT, clinical trial
*antiinflammatory agent: CB, drug combination
*antiinflammatory agent: CM, drug comparison
*antiinflammatory agent: CR, drug concentration
*antiinflammatory agent: DO, drug dose
*antiinflammatory agent: DT, drug therapy
*antiinflammatory agent: IH, inhalational drug
administration
  *antiinflammatory agent: PO, oral drug
administration
*antiinflammatory agent: PK, pharmacokinetics
*antiinflammatory agent: PD, pharmacology
corticosteroid: AE, adverse drug reaction
corticosteroid: CT, clinical trial
corticosteroid: CM, drug comparison
corticosteroid: DO, drug dose
corticosteroid: DT, drug therapy
corticosteroid: IH, inhalational drug administration
corticosteroid: PO, oral drug administration
corticosteroid: PD, pharmacology
prednisone: DO, drug dose
```

```
prednisone: DT, drug therapy
prednisone: PO, oral drug administration
nonsteroid antiinflammatory agent: AE, adverse drug
reaction
nonsteroid antiinflammatory agent: CT, clinical trial
nonsteroid antiinflammatory agent: CM, drug comparison
nonsteroid antiinflammatory agent: CR, drug concentration
nonsteroid antiinflammatory agent: DO, drug dose
nonsteroid antiinflammatory agent: DT, drug therapy
nonsteroid antiinflammatory agent: PO, oral drug
administration
nonsteroid antiinflammatory agent: PD, pharmacology
ibuprofen: AE, adverse drug reaction
ibuprofen: CT, clinical trial
ibuprofen: CB, drug combination
ibuprofen: CR, drug concentration
ibuprofen: DO, drug dose
ibuprofen: DT, drug therapy
ibuprofen: PO, oral drug administration
ibuprofen: PD, pharmacology
antacid agent: CB, drug combination
antacid agent: DT, drug therapy
proton pump inhibitor: CB, drug combination
proton pump inhibitor: DT, drug therapy
misoprostol: CB, drug combination
misoprostol: DT, drug therapy
piroxicam: CT, clinical trial
piroxicam: DT, drug therapy
piroxicam: PD, pharmacology
celecoxib: PD, pharmacology
etanercept: PD, pharmacology
infliximab: DT, drug therapy
interleukin 8 antibody: DV, drug development
interleukin 10: CT, clinical trial
Drug Descriptors:
interleukin 10: DT, drug therapy
interleukin 10: PD, pharmacology
gamma interferon: AE, adverse drug reaction
gamma interferon: CT, clinical trial
gamma interferon: DO, drug dose
gamma interferon: DT, drug therapy
gamma interferon: IH, inhalational drug administration
gamma interferon: PD, pharmacology
  2,4 thiazolidinedione derivative: PD, pharmacology
hydroxymethylglutaryl coenzyme A reductase inhibitor: CT,
clinical trial
hydroxymethylglutaryl coenzyme A reductase inhibitor: DT,
drug therapy
hydroxymethylglutaryl coenzyme A reductase inhibitor: PD,
pharmacology
zileuton: DT, drug therapy
zileuton: PD, pharmacology
amelubant: CT, clinical trial
docosahexaenoic acid: DT, drug therapy
docosahexaenoic acid: PO, oral drug administration
docosahexaenoic acid: PD, pharmacology
antioxidant: CT, clinical trial
antioxidant: CR, drug concentration
antioxidant: DO, drug dose
antioxidant: DT, drug therapy
```

CONTROLLED TERM:

```
antioxidant: PD, pharmacology
                    beta carotene: CT, clinical trial
                    beta carotene: CR, drug concentration
                    beta carotene: DT, drug therapy
                    beta carotene: PO, oral drug administration
                    beta carotene: PD, pharmacology
                    alpha tocopherol: CR, drug concentration
                    alpha tocopherol: DO, drug dose
                    alpha tocopherol: DT, drug therapy
                    alpha tocopherol: PD, pharmacology
                    proteinase inhibitor: CT, clinical trial
                    proteinase inhibitor: DO, drug dose
                    proteinase inhibitor: DT, drug therapy
                    proteinase inhibitor: PK, pharmacokinetics
                    proteinase inhibitor: PD, pharmacology
                    alpha 1 antitrypsin: CT, clinical trial
                    alpha 1 antitrypsin: DO, drug dose
                    alpha 1 antitrypsin: DT, drug therapy
                    alpha 1 antitrypsin: PK, pharmacokinetics
                    alpha 1 antitrypsin: PD, pharmacology
                    mucolytic agent: CT, clinical trial
                    mucolytic agent: DT, drug therapy
                    mucolytic agent: PD, pharmacology
                    antibiotic agent: AE, adverse drug reaction
                    antibiotic agent: CT, clinical trial
                    antibiotic agent: DT, drug therapy
                    antibiotic agent: PK, pharmacokinetics
                    antibiotic agent: PD, pharmacology
                    pentoxifylline: DT, drug therapy
                    pentoxifylline: PD, pharmacology
                    cyclosporin: AE, adverse drug reaction
                    cyclosporin: DO, drug dose
                    unindexed drug
                    unclassified drug
                    biil 284
                    n [1 (1,3 benzodioxol 5 yl)butyl] 3,3 diethyl 2 [4 [(4
                    methyl 1 piperazinyl)carbonyl]phenoxy] 4 oxo 1
                    azetidinecarboxamide
CAS REGISTRY NO.:
                    (prednisone) 53-03-2; (ibuprofen) 15687-27-1; (misoprostol)
                    59122-46-2, 59122-48-4; (piroxicam) 36322-90-4; (celecoxib)
                    169590-42-5; (etanercept) 185243-69-0, 200013-86-1;
                    (infliximab) 170277-31-3; (gamma interferon) 82115-62-6;
                    (zileuton) 111406-87-2, 132880-11-6; (docosahexaenoic acid)
                    25167-62-8, 32839-18-2; (beta carotene) 7235-40-7; (alpha
                    tocopherol) 1406-18-4, 1406-70-8, 52225-20-4, 58-95-7,
                    59-02-9; (proteinase inhibitor) 37205-61-1; (alpha 1
                    antitrypsin) 9041-92-3; (pentoxifylline) 6493-05-6;
                    (cyclosporin) 79217-60-0; (n [1 (1,3 benzodioxol 5
                    yl)butyl] 3,3 diethyl 2 [4 [(4 methyl 1
                    piperazinyl)carbonyl]phenoxy] 4 oxo 1 azetidinecarboxamide)
                    157341-41-8
CHEMICAL NAME:
                    Biil 284; L 694458
L148 ANSWER 35 OF 56 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights
     reserved on STN
ACCESSION NUMBER:
                    2005309597 EMBASE
TITLE:
                    Diabetes: A major co-morbidity of cystic
                    fibrosis.
                    Costa M.; Potvin S.; Berthiaume Y.; Gauthier L.; Jeanneret
AUTHOR:
                    A.; Lavoie A.; Levesque R.; Chiasson J.L.; Rabasa-Lhoret R.
```

CORPORATE SOURCE: R. Rabasa-Lhoret, Division of Endocrinology Research

Center, CHUM Hotel-Dieu, 3850 Saint-Urbain St., Montreal,

Que. H2W 1T7. remi.rabasa-lhoret@umontreal.ca

SOURCE: Diabetes and Metabolism, (2005) Vol. 31, No. 3 I, pp.

221-232. Refs: 97

ISSN: 1262-3636 CODEN: DIMEFW

COUNTRY:

France

DOCUMENT TYPE: Journal; General Review FILE SEGMENT: 003 Endocrinology

Ols Chest Diseases, Thoracic Surgery and Tuberculosis

037 Drug Literature Index 038 Adverse Reactions Titles

LANGUAGE:

English

SUMMARY LANGUAGE:

English; French

ENTRY DATE:

Entered STN: 20050805

Last Updated on STN: 20050805

ABSTRACT: Cystic fibrosis-related diabetes (CFRD) is a frequent complication of cystic fibrosis, its prevalence increases with age of patient and is close to 30% at the age of 30 years. As life expectancy greatly increases, the number of cystic fibrosis patients developing diabetes will increase too. CFRD shares some features with type 1 and type 2 diabetes, initial phase is characterised by postprandial hyperglycaemia followed by a progression toward insulin deficiency. Insulin deficiency is an essential factor in the development of diabetes with an additional contribution of insulin resistance. Systematic screening with an oral glucose tolerance test is recommended from the age of 14 years because clinical signs of CFRD are often confused with signs of pulmonary infection and CFRD occurrence is associated with weight and pulmonary function deterioration. In observational studies CFRD diagnosis is associated with a significant increase in mortality, while treatment allow correction of weight and lung deterioration suggesting that CFRD has a significant impact on CF evolution. Microvascular complications are recognised, although paucity of data does not permit a clear description of their natural history. Annual screening for microvascular complication is recommended. There is no evidence by now that CF patients develop macrovascular complications. The only recommended pharmacological treatment is insulin therapy. .COPYRGT. 2005 Massen, all rights reserved.

CONTROLLED TERM: Medical Descriptors:

*diabetes mellitus: CO, complication
*diabetes mellitus: DT, drug therapy
*cystic fibrosis: DT, drug therapy
*cystic fibrosis: TH, therapy

comorbidity prevalence

age

life expectancy

insulin dependent diabetes mellitus non insulin dependent diabetes mellitus

clinical feature postprandial state hyperglycemia insulin deficiency disease course insulin resistance

screening

oral glucose tolerance test

lung infection deterioration disease association

```
weight reduction
                    mortality
                    microangiopathy: CO, complication
                    insulin treatment
                    hypoglycemia: SI, side effect
                    liver toxicity: SI, side effect
                    gastrointestinal symptom
                    human
                    adolescent
                    preschool child
                    school child
                    adult
                    review
                    Drug Descriptors:
                    insulin: DT, drug therapy
                    antibiotic agent: DT, drug therapy
                    mucolytic agent: DT, drug therapy
                    antiinflammatory agent: DT, drug therapy
                    pancreas enzyme: DT, drug therapy
                    retinol: DT, drug therapy
                    vitamin D: DT, drug therapy
                    alpha tocopherol: DT, drug therapy
                    vitamin K group: DT, drug therapy
                    isophane insulin: DT, drug therapy
                    insulin zinc suspension: DT, drug therapy
                    insulin glargine: DT, drug therapy
                    repaglinide: DT, drug therapy
                    tolbutamide: AE, adverse drug reaction
                    tolbutamide: DT, drug therapy
                    tolbutamide: PO, oral drug administration
                    glibenclamide: AE, adverse drug reaction
                    glibenclamide: DT, drug therapy
                    glibenclamide: PO, oral drug administration
                    insulin[B28 lysine B29 proline]: DT, drug therapy
                    metformin: AE, adverse drug reaction
                      rosiglitazone: AE, adverse drug reaction
                      pioglitazone: AE, adverse drug reaction
                    acarbose: AE, adverse drug reaction
CAS REGISTRY NO.:
                    (insulin) 9004-10-8; (retinol) 68-26-8, 82445-97-4; (alpha
                    tocopherol) 1406-18-4, 1406-70-8, 52225-20-4, 58-95-7,
                    59-02-9; (vitamin K group) 12001-79-5; (isophane insulin)
                    9004-17-5; (insulin zinc suspension) 8049-62-5; (insulin
                    glargine) 160337-95-1; (repaglinide) 135062-02-1;
                    (tolbutamide) 473-41-6, 64-77-7; (glibenclamide)
                    10238-21-8; (insulin[B28 lysine B29 proline]) 133107-64-9;
                    (metformin) 1115-70-4, 657-24-9; (rosiglitazone)
                    122320-73-4, 155141-29-0; (
                    pioglitazone) 105355-27-9,
                    111025-46-8; (acarbose) 56180-94-0
L148 ANSWER 36 OF 56 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights
    reserved on STN
                    2005492037 EMBASE
ACCESSION NUMBER:
                    [Cystic fibrosis-related diabetes].
TITLE:
                    DIABETE DE LA MUCOVISCIDOSE.
                    Robert J.-J.
AUTHOR:
CORPORATE SOURCE:
                    J.-J. Robert, Diabete de l'Enfant et de l'Adolescent,
                    Hopital Necker-Enfants Malades, 149 rue de Sevres, 75743
                    Paris Cedex 15, France
                    Medecine Therapeutique Pediatrie, (2005) Vol. 8, No. 3, pp.
SOURCE:
```

217-224. . Refs: 47

ISSN: 1286-5494 CODEN: MMTPFN

COUNTRY: France

DOCUMENT TYPE: Journal; General Review FILE SEGMENT: 003 Endocrinology

Ols Chest Diseases, Thoracic Surgery and Tuberculosis

037 Drug Literature Index

LANGUAGE: French
SUMMARY LANGUAGE: French

ENTRY DATE: Entered STN: 20051215

Last Updated on STN: 20051215

CONTROLLED TERM: Medical Descriptors:

*cystic fibrosis: ET, etiology

*diabetes mellitus: DR, drug resistance *diabetes mellitus: DT, drug therapy *diabetes mellitus: ET, etiology

pancreas islet

insulin dependent diabetes mellitus: ET, etiology

autoimmune disease: ET, etiology hyperglycemia: ET, etiology microangiopathy: ET, etiology

treatment indication pathophysiology pathological anatomy insulin resistance pancreas transplantation

human review

Drug Descriptors:

*insulin: DT, drug therapy *insulin: PD, pharmacology sulfanilamide: DT, drug therapy sulfanilamide: PD, pharmacology repaglinide: DT, drug therapy repaglinide: PD, pharmacology

insulin[B28 lysine B29 proline]: DT, drug therapy
insulin[B28 lysine B29 proline]: PD, pharmacology

metformin: DT, drug therapy metformin: PD, pharmacology

2,4 thiazolidinedione derivative: DT, drug therapy 2,4 thiazolidinedione derivative: PD, pharmacology

CAS REGISTRY NO.: (insulin) 9004-10-8; (sulfanilamide) 34612-79-8, 6101-31-1, 63-74-1; (repaglinide) 135062-02-1; (insulin[B28 lysine B29

proline]) 133107-64-9; (metformin) 1115-70-4, 657-24-9

L148 ANSWER 37 OF 56 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2005072801 EMBASE

TITLE: Antifibrotic therapy in chronic liver disease.

AUTHOR: Rockey D.C.

CORPORATE SOURCE: Dr. D.C. Rockey, Sands Building, Box 3083, Duke University

Medical Center, Durham, NC 27710, United States.

dcrockey@acpub.duke.edu

SOURCE: Clinical Gastroenterology and Hepatology, (2005) Vol. 3,

No. 2, pp. 95-107. .

Refs: 123

ISSN: 1542-3565 CODEN: CGHLAW

COUNTRY: United States

DOCUMENT TYPE: Journal; General Review

FILE SEGMENT: 030 Pharmacology

036 Health Policy, Economics and Management

037 Drug Literature Index 038 Adverse Reactions Titles

048 Gastroenterology

LANGUAGE: English SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 20050224

Last Updated on STN: 20050224

ABSTRACT: The response to injury is one of wound healing and, subsequently, fibrosis. This response is generalized, occurring in diverse organ systems. Injury and wounding in the liver ultimately lead to cirrhosis in many patients (although not all patients), and are the result of many different diseases. The fact that various diseases result in cirrhosis suggests a common pathogenesis. Study over the past 2 decades has shed considerable light on the pathogenesis of fibrosis and cirrhosis. A growing body of literature indicates that the hepatic stellate cell is a central component in the fibrogenic process. Stellate cells undergo a transformation during injury that has been termed activation. Activation is complex and multifaceted, but one of its most prominent features is the synthesis of large amounts of extracellular matrix, resulting in deposition of scar or fibrous tissue. The fibrogenic process is dynamic; it is noteworthy that even advanced fibrosis (or cirrhosis) is reversible. The best antifibrotic therapy is treatment of the underlying disease. For example, eradication of hepatitis B or C virus can lead to the reversal of fibrosis. In situations in which treating the underlying process is not possible, specific antifibrotic therapy is desirable. A number of specific antifibrotic therapies have been tried, but have been met with poor or mediocre success. However, elucidation of the mechanisms responsible for fibrogenesis, with particular emphasis on stellate cell biology, has highlighted many putative novel therapies. This article emphasizes mechanisms underlying fibrogenesis, and reviews current antifibrotic therapies as well as potential future approaches.

CONTROLLED TERM: Medical Descriptors:

*chronic liver disease: DT, drug therapy

wound healing

liver fibrosis: DT, drug therapy

liver injury stellate cell liver cell

cell transformation extracellular matrix

scar

fibrogenesis hepatitis B

eradication therapy pathophysiology cell activation

fatty liver: DT, drug therapy

drug potency
drug safety
drug efficacy

liver cirrhosis: DT, drug therapy

primary biliary cirrhosis: DT, drug therapy
alcohol liver cirrhosis: DT, drug therapy

treatment failure

alcohol liver disease: DT, drug therapy

antiviral activity

hepatitis: DR, drug resistance hepatitis: DT, drug therapy

```
hepatitis: SI, side effect
chronic hepatitis: SI, side effect
hepatitis C: DR, drug resistance
hepatitis C: DT, drug therapy
infectious hepatitis: DR, drug resistance
infectious hepatitis: DT, drug therapy
side effect: SI, side effect
drug tolerability
drug effect
drug cost
  cystic fibrosis: DT, drug therapy
liver toxicity: SI, side effect
infection: SI, side effect
human
nonhuman
clinical trial
review
Drug Descriptors:
*antifibrotic agent: AE, adverse drug reaction
*antifibrotic agent: CT, clinical trial
*antifibrotic agent: CB, drug combination
*antifibrotic agent: CM, drug comparison
*antifibrotic agent: DT, drug therapy
*antifibrotic agent: PO, oral drug administration
*antifibrotic agent: PE, pharmacoeconomics
*antifibrotic agent: PD, pharmacology
*antifibrotic agent: SC, subcutaneous drug administration
lamivudine
ursodeoxycholic acid: CT, clinical trial
ursodeoxycholic acid: DT, drug therapy
ursodeoxycholic acid: PE, pharmacoeconomics
ursodeoxycholic acid: PD, pharmacology
methotrexate: CB, drug combination
methotrexate: DT, drug therapy
methotrexate: PD, pharmacology
peginterferon: CB, drug combination
alpha interferon: CB, drug combination
alpha interferon: CM, drug comparison
antiinflammatory agent: CT, clinical trial
antiinflammatory agent: CB, drug combination
antiinflammatory agent: DT, drug therapy
antiinflammatory agent: PO, oral drug administration
antiinflammatory agent: PD, pharmacology
corticosteroid
  rosiglitazone: DT, drug therapy
polyene phosphatidylcholine: CT, clinical trial
polyene phosphatidylcholine: DT, drug therapy
polyene phosphatidylcholine: PD, pharmacology
interleukin 10: CT, clinical trial
interleukin 10: DT, drug therapy
interleukin 10: EC, endogenous compound
interleukin 10: PD, pharmacology
interleukin 10: SC, subcutaneous drug administration
antivirus agent: CB, drug combination
gamma interferon: AE, adverse drug reaction
gamma interferon: CM, drug comparison
gamma interferon: PK, pharmacokinetics
silymarin: CT, clinical trial
silymarin: DT, drug therapy
silymarin: PD, pharmacology
```

```
herbaceous agent: AE, adverse drug reaction
                    herbaceous agent: CT, clinical trial
                    herbaceous agent: PD, pharmacology
                    antioxidant: CT, clinical trial
                    antioxidant: DT, drug therapy
                    antioxidant: PD, pharmacology
                    alpha tocopherol: CT, clinical trial
                    alpha tocopherol: DT, drug therapy
                    alpha tocopherol: PD, pharmacology
                    malotilate: PD, pharmacology
                    s adenosylmethionine: CT, clinical trial
                    s adenosylmethionine: DT, drug therapy
                    s adenosylmethionine: PD, pharmacology
                    propylthiouracil: CT, clinical trial
                    propylthiouracil: DT, drug therapy
                    propylthiouracil: PD, pharmacology
                    oxandrolone: DT, drug therapy
                    tumor necrosis factor alpha antibody: AE, adverse drug
                    reaction
                    tumor necrosis factor alpha antibody: PD, pharmacology
                    dipeptidyl carboxypeptidase inhibitor: PD, pharmacology
                    angiotensin 2 receptor antagonist: PD, pharmacology
                    pirfenidone: PD, pharmacology
                    pentoxifylline: PD, pharmacology
                    halofuginone: PD, pharmacology
                    adipocytokine: PD, pharmacology
                    adiponectin: PD, pharmacology
                    unindexed drug
                    unclassified drug
                    (lamivudine) 134678-17-4, 134680-32-3; (ursodeoxycholic
CAS REGISTRY NO.:
                    acid) 128-13-2, 2898-95-5; (methotrexate) 15475-56-6,
                    59-05-2, 7413-34-5; (rosiglitazone)
                    122320-73-4, 155141-29-0; (gamma
                    interferon) 82115-62-6; (silymarin) 65666-07-1; (alpha
                    tocopherol) 1406-18-4, 1406-70-8, 52225-20-4, 58-95-7,
                    59-02-9; (malotilate) 50512-35-1, 59937-28-9; (s
                    adenosylmethionine) 29908-03-0, 485-80-3;
                    (propylthiouracil) 51-52-5; (oxandrolone) 53-39-4;
                    (pirfenidone) 53179-13-8; (pentoxifylline) 6493-05-6;
                    (halofuginone) 55837-20-2, 64924-67-0, 7695-84-3;
                    (adiponectin) 283182-39-8
L148 ANSWER 38 OF 56 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights
     reserved on STN
ACCESSION NUMBER:
                    2005448907 EMBASE
TITLE:
                    The pathophysiological function of peroxisome
                    proliferator-activated receptor-γ in lung-related
                    diseases.
AUTHOR:
                    Huang T.H.-W.; Razmovski-Naumovski V.; Kota B.P.; Lin
                    D.S.-H.; Roufogalis B.D.
CORPORATE SOURCE:
                    Prof. B.D. Roufogalis, Faculty of Pharmacy, University of
                    Sydney, Sydney, NSW 2006, Australia.
                    basilr@pharm.usyd.edu.au
SOURCE:
                    Respiratory Research, (9 Sep 2005) Vol. 6, pp. 9p. .
                    Refs: 50
                    ISSN: 1465-993X CODEN: RREEBZ
                    United Kingdom
COUNTRY:
DOCUMENT TYPE:
                    Journal; General Review
FILE SEGMENT:
                    005
                            General Pathology and Pathological Anatomy
                    015
                            Chest Diseases, Thoracic Surgery and Tuberculosis
```

016 Cancer

Pharmacology 030

Drug Literature Index 037

LANGUAGE: English SUMMARY LANGUAGE: English

Entered STN: 20051027 ENTRY DATE:

Last Updated on STN: 20051027

ABSTRACT: Research into respiratory diseases has reached a critical stage and the introduction of novel therapies is essential in combating these debilitating conditions. With the discovery of the peroxisome proliferator-activated receptor and its involvement in inflammatory responses of cardiovascular disease and diabetes, attention has turned to lung diseases and whether knowledge of this receptor can be applied to therapy of the human airways. In this article, we explore the prospect of peroxisome proliferator-activated receptor-γ as a marker and treatment focal point of lung diseases such as asthma, chronic obstructive pulmonary disorder, lung cancer and cystic fibrosis. It is anticipated that peroxisome proliferator-activated receptor-γ ligands will provide not only useful mechanistic pathway information but also a possible new wave of therapies for sufferers of chronic respiratory diseases. . COPYRGT. 2005 Huang et al; licensee BioMed Central Ltd.

CONTROLLED TERM: Medical Descriptors:

*lung disease: DT, drug therapy

*lung disease: ET, etiology

pathophysiology

cardiovascular disease

diabetes mellitus

asthma: DT, drug therapy

asthma: ET, etiology

chronic obstructive lung disease: DT, drug therapy

lung cancer: DT, drug therapy

cystic fibrosis

protein expression

in vitro study

human

nonhuman

review

Drug Descriptors:

*peroxisome proliferator activated receptor gamma: EC,

endogenous compound

ligand: PD, pharmacology

2,4 thiazolidinedione derivative: CB, drug

combination

2,4 thiazolidinedione derivative: CM, drug

comparison

2,4 thiazolidinedione derivative: DT, drug therapy

2,4 thiazolidinedione derivative: PD, pharmacology

2,4 thiazolidinedione derivative: NA, intranasal drug

administration

2,4 thiazolidinedione derivative: PO, oral drug

administration

steroid: CM, drug comparison steroid: DT, drug therapy steroid: IH, inhalational drug administration

steroid: PO, oral drug administration

ciglitazone: CB, drug combination

ciglitazone: DT, drug therapy

ciglitazone: PD, pharmacology

farglitazar: CM, drug comparison

```
farglitazar: DT, drug therapy
                    farglitazar: PD, pharmacology
                    farglitazar: NA, intranasal drug administration
                    peroxisome proliferator activated receptor agonist: CM,
                    drug comparison
                    peroxisome proliferator activated receptor agonist: PD,
                    pharmacology
                    2 [4 [2 [3 (2,4 difluorophenyl) 1
                    heptylureido]ethyl]phenylthio] 2 methylpropionic acid: CM,
                    drug comparison
                    2 [4 [2 [3 (2,4 difluorophenyl) 1
                    heptylureido]ethyl]phenylthio] 2 methylpropionic acid: PD,
                    pharmacology
                    gw 2331: CM, drug comparison
                    gw 2331: PD, pharmacology
                    sb 219994: PD, pharmacology
                    gw 501516: CM, drug comparison
                    gw 501516: PD, pharmacology
                      rosiglitazone: CM, drug comparison
                      rosiglitazone: PD, pharmacology
                      troglitazone: DT, drug therapy
                      troglitazone: PD, pharmacology
                    dexamethasone: CM, drug comparison
                      pioglitazone: DT, drug therapy
                    thalidomide: DT, drug therapy
                    n (2 benzoylphenyl) o [2 (methyl 2
                    pyridinylamino)ethyl]tyrosine: PD, pharmacology
                    15 deoxy delta12,14 prostaglandin J2: PD, pharmacology
                    nonsteroid antiinflammatory agent: CB, drug combination
                    nonsteroid antiinflammatory agent: DT, drug therapy
                    nonsteroid antiinflammatory agent: PD, pharmacology
                    sulindac sulfide: CB, drug combination
                    sulindac sulfide: PD, pharmacology
                    nimesulide: PD, pharmacology
                    unclassified drug
                    (ciglitazone) 74772-77-3; (farglitazar)
CAS REGISTRY NO.:
                    196808-45-4, 274687-78-4; (gw 501516) 317318-70-0; (
                    rosiglitazone) 122320-73-4,
                    155141-29-0; (troglitazone)
                    97322-87-7; (dexamethasone) 50-02-2; (
                    pioglitazone) 105355-27-9,
                    111025-46-8; (thalidomide) 50-35-1; (n (2
                    benzoylphenyl) o [2 (methyl 2 pyridinylamino)ethyl]tyrosine
                    ) 196808-24-9; (15 deoxy delta12,14 prostaglandin J2)
                    87893-55-8; (sulindac sulfide) 49627-27-2; (nimesulide)
                    51803-78-2
CHEMICAL NAME:
                    Gi 262570; Gw 9578; Gw 2331; Gw 501516
L148 ANSWER 39 OF 56 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights
     reserved on STN
ACCESSION NUMBER:
                    2004300703 EMBASE
                    Recent advances in understanding the pathogenesis of
TITLE:
                    polycystic kidney disease: Therapeutic implications.
                    Cowley Jr. B.D.
AUTHOR:
CORPORATE SOURCE:
                    Prof. B.D. Cowley Jr., Nephrology/WP2250, Univ. of OK
                    Health Sciences Center, 920 Stanton L. Young Blvd, Oklahoma
                    City, OK 73104, United States. Ben-Cowley@ouhsc.edu
SOURCE:
                    Drugs, (2004) Vol. 64, No. 12, pp. 1285-1294. .
                    Refs: 94
                    ISSN: 0012-6667 CODEN: DRUGAY
```

COUNTRY: New Zealand DOCUMENT TYPE: Journal; Article

FILE SEGMENT: 005 General Pathology and Pathological Anatomy

028 Urology and Nephrology

030 Pharmacology

037 Drug Literature Index 038 Adverse Reactions Titles

LANGUAGE: English SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 20040805

Last Updated on STN: 20040805

ABSTRACT: Hereditary polycystic kidney disease (PKD) is a common cause of renal failure. Increasing knowledge is available regarding mechanisms of cyst development and progression, and renal functional deterioration in PKD. On the basis of this information and theories regarding the pathophysiology of these processes, studies to alter progression and potentially treat PKD have been reported. Cyst development and progression requires epithelial cell proliferation, transepithelial fluid secretion and extracellular matrix remodelling. Several interventions designed to inhibit cell proliferation or alter fluid secretion modify the progression of PKD in selected animal models. Renal functional deterioration appears to involve interstitial inflammation and fibrosis, and tubular apoptosis. Glucocorticoids with anti-inflammatory and antifibrotic properties slow the progression of cystic disease and renal functional deterioration in animal models of PKD. Other interventions, such as dietary modification and angiotensin antagonism, shown to be of benefit in non-PKD models of slowly progressive renal disease, are also of benefit in animal models of PKD. Caution should be used in extrapolating interventional studies in one animal model to another model and certainly to human disease, since examples exist in which treatments in one model of PKD have different effects in another model. Nonetheless, early attempts to determine whether potential treatments are tolerated and of potential benefit in patients with PKD are beginning to appear. Ultimately, treatment of PKD may involve efforts to identify patients at greatest risk for disease progression, thus allowing targeted therapy, use of surrogate markers for disease progression to assist assessment of therapeutic efficacy, and combination therapy to retard disease progression and renal functional deterioration in this common hereditary cause of chronic renal failure.

CONTROLLED TERM: Medical Descriptors:

*kidney polycystic disease: DT, drug therapy *kidney polycystic disease: ET, etiology

pathogenesis

kidney failure: CO, complication

kidney function disease course epithelium cell cell proliferation cell secretion extracellular matrix

fibrosing alveolitis: CO, complication

inflammation: CO, complication

apoptosis

protein restriction disease marker gene mutation

allele

protein expression
protein function

kidney dysfunction: PC, prevention

linseed

```
kidney disease: CO, complication
kidney disease: DT, drug therapy
nephrectomy
Heymann nephritis
smoking cessation
acidosis: DT, drug therapy
side effect: SI, side effect
human
nonhuman
clinical trial
article
Drug Descriptors:
glucocorticoid: DT, drug therapy
glucocorticoid: PD, pharmacology
polycystin 1: EC, endogenous compound
monocyte chemotactic protein: EC, endogenous compound
osteopontin: EC, endogenous compound
antiinflammatory agent: CB, drug combination
antifibrotic agent: CB, drug combination
epidermal growth factor receptor: DT, drug therapy
protein tyrosine kinase inhibitor: DT, drug therapy
antisense oligonucleotide: AE, adverse drug reaction
antisense oligonucleotide: CT, clinical trial
antisense oligonucleotide: DT, drug therapy
antisense oligonucleotide: PD, pharmacology
hydroxymethylglutaryl coenzyme A reductase inhibitor: CB,
drug combination
hydroxymethylglutaryl coenzyme A reductase inhibitor: DT,
drug therapy
hydroxymethylglutaryl coenzyme A reductase inhibitor: PD,
pharmacology
vasopressin V2 receptor: EC, endogenous compound
hormone receptor blocking agent: DT, drug therapy
soybean protein
flaxseed extract: PD, pharmacology
plant extract: PD, pharmacology
dipeptidyl carboxypeptidase inhibitor: CB, drug combination
dipeptidyl carboxypeptidase inhibitor: DT, drug therapy
dipeptidyl carboxypeptidase inhibitor: PD, pharmacology
antioxidant
angiotensin receptor antagonist: CB, drug combination
angiotensin receptor antagonist: DT, drug therapy
mycophenolic acid 2 morpholinoethyl ester: CB, drug
combination
mycophenolic acid 2 morpholinoethyl ester: DT, drug therapy
paclitaxel: DT, drug therapy
paclitaxel: TO, drug toxicity
bicarbonate: DT, drug therapy
methylprednisolone: DT, drug therapy
ammonium chloride: DT, drug therapy
alkali: DT, drug therapy
alkali: TO, drug toxicity
potassium bicarbonate: DT, drug therapy
citrate potassium: DT, drug therapy
mevinolin: DT, drug therapy
probucol: DT, drug therapy
  pioglitazone: DT, drug therapy
unclassified drug
(osteopontin) 106441-73-0; (soybean protein) 9010-10-0;
(mycophenolic acid 2 morpholinoethyl ester) 116680-01-4,
```

CAS REGISTRY NO.:

128794-94-5; (paclitaxel) 33069-62-4; (bicarbonate)
144-55-8, 71-52-3; (methylprednisolone) 6923-42-8, 83-43-2;
(ammonium chloride) 12125-02-9; (potassium bicarbonate)
298-14-6; (citrate potassium) 3609-96-9, 7778-49-6,
866-83-1, 866-84-2; (mevinolin) 75330-75-5; (probucol)
23288-49-5; (pioglitazone) 105355-27-9,
111025-46-8

L148 ANSWER 40 OF 56 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights

reserved on STN

ACCESSION NUMBER: 2005005900 EMBASE TITLE: Of herbs and vitamins.

AUTHOR: Saeed M.

CORPORATE SOURCE: M. Saeed, Dept. of Biol. and Biomed. Sciences, Aga Khan

University, Karachi, Pakistan

SOURCE: Journal of the Pakistan Medical Association, (2004) Vol.

54, No. 11, pp. 592-594. .

ISSN: 0030-9982 CODEN: JPKMAK

COUNTRY: Pakistan

DOCUMENT TYPE: Journal; General Review

FILE SEGMENT: 002 Physiology

029 Clinical Biochemistry

030 Pharmacology

037 Drug Literature Index 038 Adverse Reactions Titles

LANGUAGE: English

ENTRY DATE: Entered STN: 20050113

Last Updated on STN: 20050113

CONTROLLED TERM: Medical Descriptors:

*herbal medicine

*vitamin supplementation

diabetes mellitus: TH, therapy

fruit juice

tomato

malaria falciparum: DT, drug therapy hematologic malignancy: DT, drug therapy congestive heart failure: DT, drug therapy

rheumatic disease: DT, drug therapy cystic fibrosis: DT, drug therapy cystic fibrosis: ET, etiology

treatment outcome survival rate practice guideline ST segment elevation

heart infarction: SU, surgery coronary artery bypass graft

cardiovascular disease cardiovascular risk

common cold low drug dose natural killer cell cancer inhibition

antineoplastic activity chickenpox: DT, drug therapy chickenpox: EP, epidemiology chickenpox: ET, etiology chickenpox: PC, prevention

vaccination drug indication

febrile convulsion: SI, side effect

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risk factor
                    muscle contraction
                    exercise
                    muscle fatique
                    sarcoplasmic reticulum
                    action potential
                    membrane depolarization
                    acidosis
                    chloride transport
                    cell membrane permeability
                    sodium current
                    human
                    nonhuman
                    clinical trial
                    review
                    Drug Descriptors:
                    quinine: DT, drug therapy
                    artemisinin: DT, drug therapy
                    vincristine: DT, drug therapy
                    digitalis: DT, drug therapy
                    salicylic acid derivative: DT, drug therapy
                    hemoglobin Alc: EC, endogenous compound
                    transmembrane conductance regulator: EC, endogenous
                    compound
                    curcumin: DT, drug therapy
                    curcumin: PD, pharmacology
                    curcumin: PO, oral drug administration
                    Curcuma longa extract: DT, drug therapy
                    Curcuma longa extract: PD, pharmacology
                    Curcuma longa extract: PO, oral drug administration
                    alpha tocopherol: CT, clinical trial
                    alpha tocopherol: CB, drug combination
                    alpha tocopherol: DT, drug therapy
                    alpha tocopherol: PD, pharmacology
                    palm oil
                    tamoxifen: CT, clinical trial
                    tamoxifen: CB, drug combination
                    tamoxifen: DT, drug therapy
                      troglitazone: PD, pharmacology
                    chickenpox vaccine: DT, drug therapy
                    measles mumps rubella vaccine: AE, adverse drug reaction
CAS REGISTRY NO.:
                    (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4,
                    549-49-5, 60-93-5, 7549-43-1; (artemisinin) 63968-64-9;
                    (vincristine) 57-22-7; (digitalis) 8031-42-3, 8053-83-6;
                    (hemoglobin A1c) 62572-11-6; (curcumin) 458-37-7; (alpha
                    tocopherol) 1406-18-4, 1406-70-8, 52225-20-4, 58-95-7,
                    59-02-9; (palm oil) 8002-75-3; (tamoxifen) 10540-29-1; (
                    troglitazone) 97322-87-7
L148 ANSWER 41 OF 56 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights
    reserved on STN
ACCESSION NUMBER:
                    2005075920 EMBASE
TITLE:
                    Clinical importance of cystic fibrosis-related
                    diabetes.
AUTHOR .
                    Brennan A.L.; Geddes D.M.; Gyi K.M.; Baker E.H.
CORPORATE SOURCE:
                    A.L. Brennan, Department of Physiological Medicine, St.
                    George's Hospital Medical School, Cranmer Terrace, London
                    SW17 ORE, United Kingdom. albrenna@sghms.ac.uk
SOURCE:
                    Journal of Cystic Fibrosis, (2004) Vol. 3, No. 4, pp.
                    209-222. .
```

Refs: 97

ISSN: 1569-1993 CODEN: JCFOAC

PUBLISHER IDENT.: S 1569-1993 (04) 00169-9

COUNTRY: Netherlands

DOCUMENT TYPE: Journal; General Review FILE SEGMENT: 003 Endocrinology

015 Chest Diseases, Thoracic Surgery and Tuberculosis

030 Pharmacology

037 Drug Literature Index 038 Adverse Reactions Titles

LANGUAGE: English SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 20050303

Last Updated on STN: 20050303

ABSTRACT: The prevalence of cystic fibrosis-related diabetes (CFRD) and glucose intolerance (IGT) has risen dramatically over the past 20 years as survival has increased for people with cystic fibrosis (CF). Diabetes is primarily caused by pancreatic damage, which reduces insulin secretion, but glucose tolerance is also modified by factors that alter insulin resistance, such as intercurrent illness and infection. CFRD not only causes the symptoms and micro and macrovascular complications seen in type 1 and type 2 diabetes in the general population, but also is associated with accelerated pulmonary decline and increased mortality. Pulmonary effects are seen some years before the diagnosis of CFRD, implying that impaired glucose tolerance may be detrimental. Current practice is to screen for changes in glucose tolerance by regular measurement of fasting blood glucose, by oral glucose tolerance test or a combination of these approaches with symptom review and measurement of HbA(1C). Treatment is clearly indicated for those with CFRD and fasting hyperglycaemia to control symptoms and reduce complications. As nutrition is critical in people with CF to maintain body mass and lung function, blood glucose should be controlled in CFRD by adjusting insulin doses to the requirements of adequate food intake and not by calorie restriction. It is less clear whether blood glucose control will have clinical benefits in the management of patients with CFRD without fasting hyperglycaemia or with impaired glucose tolerance and further studies are required to establish the best treatment for this patient group. .COPYRGT. 2004 European Cystic Fibrosis Society. Published by Elsevier B.V. All rights reserved.

CONTROLLED TERM: Medical Descriptors:

*cystic fibrosis: DT, drug therapy *diabetes mellitus: DI, diagnosis *diabetes mellitus: DT, drug therapy *diabetes mellitus: TH, therapy

prevalence

glucose intolerance disease association

survival

pancreas injury insulin release insulin resistance

infection

microangiopathy: CO, complication vascular disease: CO, complication insulin dependent diabetes mellitus non insulin dependent diabetes mellitus

lung function
mortality

clinical practice screening test glucose blood level

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oral glucose tolerance test
                    diagnostic approach route
                    treatment indication
                    hyperglycemia
                    nutrition
                    body mass
                    food intake
                    drug dose regimen
                    caloric restriction
                    blood glucose monitoring
                    abdominal pain: SI, side effect
                    gastrointestinal symptom: SI, side effect
                    nausea: SI, side effect
                    diarrhea: SI, side effect
                    drug mechanism
                    drug efficacy
                    drug half life
                    human
                    clinical trial
                    review
                    Drug Descriptors:
                    insulin: CM, drug comparison
                    insulin: DO, drug dose
                    insulin: DT, drug therapy
                    insulin: EC, endogenous compound
                    glucose: EC, endogenous compound
                    repaglinide: CT, clinical trial
                    repaglinide: DT, drug therapy
                    repaglinide: PK, pharmacokinetics
                    repaglinide: PO, oral drug administration
                    metformin: AE, adverse drug reaction
                    metformin: DT, drug therapy
                      2,4 thiazolidinedione derivative: PD, pharmacology
                    antibiotic agent: PO, oral drug administration
                    mucolytic agent: DT, drug therapy
                    vitamin: DT, drug therapy
                    sulfonylurea derivative: CM, drug comparison
                    sulfonylurea derivative: DT, drug therapy
                    sulfonylurea derivative: PD, pharmacology
                    glibenclamide: CM, drug comparison
                    glibenclamide: DT, drug therapy
CAS REGISTRY NO.:
                    (insulin) 9004-10-8; (glucose) 50-99-7, 84778-64-3;
                    (repaglinide) 135062-02-1; (metformin) 1115-70-4, 657-24-9;
                    (glibenclamide) 10238-21-8
L148 ANSWER 42 OF 56 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights
     reserved on STN
ACCESSION NUMBER:
                    2005042593 EMBASE
                    Insulins and oral hypoglycemic medications.
TITLE:
                    Hale D.E.; Kiess W.
AUTHOR:
CORPORATE SOURCE:
                    Dr. D.E. Hale, Department of Pediatrics, 7703 Floyd Curl
                    Drive, San Antonio, TX 78229, United States.
                    hale@uthscsa.edu
                    Pediatric Endocrinology Reviews, (2004) Vol. 2, No. SUPPL.
SOURCE:
                    1, pp. 153-162. .
                    Refs: 72
                    ISSN: 1565-4753
COUNTRY:
                    Israel
DOCUMENT TYPE:
                    Journal; General Review
FILE SEGMENT:
                    003
                            Endocrinology
```

007 Pediatrics and Pediatric Surgery

037 Drug Literature Index 038 Adverse Reactions Titles

LANGUAGE: English SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 20050210

Last Updated on STN: 20050210

ABSTRACT: The management of childhood diabetes is rapidly evolving, reflecting both the recognition of new types of diabetes in pediatrics and the availability of new insulins. Over the past two decades there have been increasing numbers of children affected by type 2 diabetes, maturity onset diabetes of youth (MODY), and medical diabetes secondary to medication usage (e.g. prednisone) or disease process (e.g., cystic fibrosis). These forms of diabetes require familiarity with medications other than insulin and an understanding of appropriate treatment strategies. Simultaneously, after years of little change, there has been the relatively rapid introduction of new insulins (e.g., lispro, aspart, glargine) and more sophisticated means of insulin delivery (e.g., pumps, pens, inhalers). Taken as a whole, these trends present a challenge to the pediatric diabetes specialist. In this article, the medications that are now frequently used in diabetes treatment are reviewed, including the indications for use, the usual dose, dose adjustment strategies, common side effects and anticipated outcomes. The diabetes literature on the new insulins and diabetes medications is reviewed, with an emphasis on the limited pediatric data. The goal is to familiarize the practicing pediatric diabetes specialist with these medications and their usage.

CONTROLLED TERM: Medical Descriptors:

*diabetes mellitus: DT, drug therapy

*insulin treatment

childhood disease: DT, drug therapy

insulin dependent diabetes mellitus: DT, drug therapy non insulin dependent diabetes mellitus: DT, drug therapy

juvenile diabetes mellitus: DT, drug therapy

maturity onset diabetes mellitus: DT, drug therapy

drug indication drug dose regimen

hypoglycemia: SI, side effect hyperglycemia: DI, diagnosis hyperglycemia: ET, etiology lipoatrophy: SI, side effect lipohypertrophy: SI, side effect

edema: SI, side effect

acanthosis nigricans: SI, side effect injection site reaction: SI, side effect

insulin pump drug absorption

respiratory tract disease: SI, side effect gastrointestinal symptom: SI, side effect

nausea: SI, side effect

abdominal pain: SI, side effect

vomiting: SI, side effect diarrhea: SI, side effect

musculoskeletal disease: SI, side effect

myalgia: SI, side effect arthralgia: SI, side effect backache: SI, side effect skin toxicity: SI, side effect

pruritus: SI, side effect erythema: SI, side effect urticaria: SI, side effect

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cardiotoxicity: SI, side effect
lactic acidosis: SI, side effect
flatulence: SI, side effect
body weight disorder: SI, side effect
weight gain
fluid retention
side effect: SI, side effect
liver dysfunction: SI, side effect
abdominal discomfort: SI, side effect
abdominal cramp: SI, side effect
add on therapy
human
clinical trial
child
review
Drug Descriptors:
*antidiabetic agent: AE, adverse drug reaction
*antidiabetic agent: CT, clinical trial
*antidiabetic agent: CB, drug combination
*antidiabetic agent: DO, drug dose
*antidiabetic agent: DT, drug therapy
*antidiabetic agent: PD, pharmacology
*antidiabetic agent: IH, inhalational drug administration
*antidiabetic agent: IM, intramuscular drug administration
*antidiabetic agent: IV, intravenous drug administration
*antidiabetic agent: PO, oral drug administration
*insulin: AE, adverse drug reaction
*insulin: CT, clinical trial
*insulin: CB, drug combination
*insulin: DO, drug dose
*insulin: DT, drug therapy
*insulin: PK, pharmacokinetics
*insulin: PD, pharmacology
*insulin: IH, inhalational drug administration
*insulin: IM, intramuscular drug administration
*insulin: IV, intravenous drug administration
*oral antidiabetic agent: CT, clinical trial
*oral antidiabetic agent: CB, drug combination
*oral antidiabetic agent: DO, drug dose
*oral antidiabetic agent: DT, drug therapy
*oral antidiabetic agent: PD, pharmacology
*oral antidiabetic agent: PO, oral drug administration
*insulin secretagogue: AE, adverse drug reaction
*insulin secretagogue: CT, clinical trial
*insulin secretagogue: CB, drug combination
*insulin secretagogue: DO, drug dose
*insulin secretagogue: DT, drug therapy
*insulin secretagogue: PK, pharmacokinetics
*insulin secretagogue: PD, pharmacology
*insulin secretagogue: PO, oral drug administration
*insulin sensitizing agent: AE, adverse drug reaction
*insulin sensitizing agent: CT, clinical trial
*insulin sensitizing agent: DO, drug dose
*insulin sensitizing agent: DT, drug therapy
*insulin sensitizing agent: PD, pharmacology
*glucose uptake blocker: AE, adverse drug reaction
*glucose uptake blocker: DT, drug therapy
*glucose uptake blocker: PD, pharmacology
  insulin antibody
  insulin[B28 lysine B29 proline]: DT, drug therapy
```

```
insulin[B28 lysine B29 proline]: PK,
                      pharmacokinetics
                        insulin[B28 lysine B29 proline]: PD, pharmacology
                        insulin aspart: DT, drug therapy
                        insulin aspart: PK, pharmacokinetics
                        insulin aspart: PD, pharmacology
                        insulin zinc suspension: DT, drug therapy
                        insulin zinc suspension: PK, pharmacokinetics
                        insulin zinc suspension: PD, pharmacology
                      insulin detemir: DT, drug therapy
                      insulin detemir: PK, pharmacokinetics
                      insulin detemir: PD, pharmacology
                      isophane insulin: DT, drug therapy
                      isophane insulin: PK, pharmacokinetics
                      isophane insulin: PD, pharmacology insulin glargine: DT, drug therapy
                      insulin glargine: PK, pharmacokinetics
                      insulin glargine: PD, pharmacology
                      sulfonylurea derivative: AE, adverse drug reaction
                      sulfonylurea derivative: DO, drug dose
                      sulfonylurea derivative: DT, drug therapy
                      sulfonylurea derivative: PD, pharmacology
                      sulfonylurea derivative: PO, oral drug administration
                      glibenclamide: AE, adverse drug reaction
                      glibenclamide: CT, clinical trial
CONTROLLED TERM:
                      Drug Descriptors:
                      glibenclamide: CB, drug combination
                      glibenclamide: CM, drug comparison
                      glibenclamide: DO, drug dose
                      glibenclamide: DT, drug therapy
                      glibenclamide: PD, pharmacology
                      glibenclamide: PO, oral drug administration
                      glipizide: AE, adverse drug reaction
                      glipizide: DO, drug dose
                      glipizide: DT, drug therapy
                      glipizide: PD, pharmacology
                      glipizide: PO, oral drug administration
                      glimepiride: AE, adverse drug reaction
                      glimepiride: CT, clinical trial glimepiride: CB, drug combination
                      glimepiride: DO, drug dose
glimepiride: DT, drug therapy
                      glimepiride: PD, pharmacology
                      glimepiride: PO, oral drug administration meglitinide: DT, drug therapy
                      meglitinide: PD, pharmacology
                      meglitinide: PO, oral drug administration
                      metformin: AE, adverse drug reaction
                      metformin: CT, clinical trial
                      metformin: CB, drug combination
                      metformin: CM, drug comparison
                      metformin: DO, drug dose
                      metformin: DT, drug therapy
                     metformin: PD, pharmacology
                      metformin: PO, oral drug administration
                     nateglinide: AE, adverse drug reaction
nateglinide: CT, clinical trial
nateglinide: CB, drug combination
                      nateglinide: DO, drug dose
                      nateglinide: DT, drug therapy
```

nateglinide: PD, pharmacology

```
nateglinide: PO, oral drug administration
                    repaglinide: AE, adverse drug reaction
                    repaglinide: CT, clinical trial
                    repaglinide: DO, drug dose
                    repaglinide: DT, drug therapy
                    repaglinide: PD, pharmacology
                    repaglinide: PO, oral drug administration
                      2,4 thiazolidinedione derivative: AE, adverse drug
                    reaction
                      2,4 thiazolidinedione derivative: CT, clinical
                    trial
                      2,4 thiazolidinedione derivative: DO, drug dose
                      2,4 thiazolidinedione derivative: DT, drug therapy
                      2,4 thiazolidinedione derivative: PD, pharmacology
                      2,4 thiazolidinedione derivative: PO, oral drug
                    administration
                      rosiglitazone: AE, adverse drug reaction
                      rosiglitazone: CT, clinical trial
                      rosiglitazone: DT, drug therapy
                      rosiglitazone: PD, pharmacology
                    acarbose: AE, adverse drug reaction
                    acarbose: CT, clinical trial
                    acarbose: CB, drug combination
                    acarbose: DT, drug therapy
                    acarbose: PD, pharmacology
                    tetrahydrolipstatin: DT, drug therapy
                    tetrahydrolipstatin: PD, pharmacology
                    unclassified drug
                    (insulin) 9004-10-8; (insulin[B28 lysine B29 proline])
CAS REGISTRY NO.:
                    133107-64-9; (insulin aspart) 116094-23-6; (insulin zinc
                    suspension) 8049-62-5; (insulin detemir) 169148-63-4,
                    201305-44-4, 270588-25-5; (isophane insulin) 9004-17-5;
                    (insulin glargine) 160337-95-1; (glibenclamide) 10238-21-8;
                    (glipizide) 29094-61-9; (glimepiride) 93479-97-1;
                    (meglitinide) 54870-28-9; (metformin) 1115-70-4, 657-24-9;
                    (nateglinide) 105746-37-0, 105816-04-4, 105816-06-6;
                    (repaglinide) 135062-02-1; (rosiglitazone)
                    122320-73-4, 155141-29-0; (acarbose)
                    56180-94-0; (tetrahydrolipstatin) 96829-58-2
L148 ANSWER 43 OF 56 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights
    reserved on STN
ACCESSION NUMBER:
                    2004282801 EMBASE
                    Troglitazone inhibits the progression of chronic
TITLE:
                    pancreatitis and the profibrogenic activity of pancreatic
                    stellate cells via a PPARy- independent mechanism.
                    Shimizu K.; Shiratori K.; Kobayashi M.; Kawamata H.
AUTHOR:
                    Dr. K. Shimizu, Dept. of Clin. Lab./Gastroenterol., Tokyo
CORPORATE SOURCE:
                    Women's Medical University, School of Medicine, 8-1,
                    Kawada-cho, Shinjuku-ku Tokyo 162-8666, Japan.
                    kyoko@ige.twmu.ac.jp
                    Pancreas, (2004) Vol. 29, No. 1, pp. 67-74. .
SOURCE:
                    Refs: 38
                    ISSN: 0885-3177 CODEN: PANCE4
COUNTRY:
                    United States
DOCUMENT TYPE:
                    Journal; Article
                            Internal Medicine
FILE SEGMENT:
                    006
                    030
                            Pharmacology
                    037
                            Drug Literature Index
```

048 Gastroenterology

LANGUAGE: SUMMARY LANGUAGE: English English

ENTRY DATE:

Entered STN: 20040722

Last Updated on STN: 20040722

ABSTRACT: We have previously reported that troglitazone inhibits proinflammatory cytokine production in chronic pancreatitis. In the present study, we show that troglitazone prevents the progression of chronic pancreatitis by inhibiting the proliferation of pancreatic stellate cells (PSCs) via a PPARγ-independent mechanism. WBN/Kob rats with spontaneous chronic pancreatitis were fed troglitazone-containing rat chow for 3 or 6 months. Pancreatic fibrosis and expression of α -SMA were markedly attenuated by troglitazone. Rat PSCs expressed a higher level of PPARy1 mRNA than of PPARy2 mRNA. PSCs were transiently cotransfected with a dominant negative mutant PPARy1 and a PPAR-driven reporter gene. Troglitazone increased reporter activity and the mutant receptor abrogated wild-type receptor activity in a dose-dependent manner. Troglitazone inhibited cell proliferation by blocking cell-cycle progression beyond the G(1) phase. These effects were observed in mutant receptor-transfected cells as well as cells transfected with the control vector. The effect of troglitazone on $\alpha 1(I)$ procollagen mRNA and MCP-1 mRNA was unaffected by inhibition of endogenous PPARy1 receptor activity. These results suggest that troglitazone may serve as novel therapeutic agent for the treatment of chronic pancreatitis. The antifibrotic effect of troglitazone appears to be mediated, in part, via a PPARy-independent mechanism.

CONTROLLED TERM: Medical Descriptors:

*chronic pancreatitis: DT, drug therapy

*drug activity *stellate cell drug mechanism

antiinflammatory activity

cytokine production
cystic fibrosis
antigen expression
genetic transfection
wild type

cell proliferation gene activity

reporter gene

cell cycle G1 phase

drug effect nonhuman male

rat controlled study

animal cell article

priority journal
Drug Descriptors:

*troglitazone: DT, drug therapy *troglitazone: PD, pharmacology

*peroxisome proliferator activated receptor gamma: EC,

endogenous compound

messenger RNA: EC, endogenous compound alpha actin: EC, endogenous compound procollagen: EC, endogenous compound

monocyte chemotactic protein 1: EC, endogenous compound

CAS REGISTRY NO.: (troglitazone) 97322-87-7

COMPANY NAME: Sankyo (Japan)

L148 ANSWER 44 OF 56 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights

reserved on STN

ACCESSION NUMBER: 2004231204 EMBASE

TITLE: Understanding cystic-fibrosis-related diabetes:

Best thought of as insulin deficiency?.

AUTHOR: Dobson L.; Sheldon C.D.; Hattersley A.T.

CORPORATE SOURCE: Prof. A.T. Hattersley, Diabetes and Vascular Medicine,

Peninsula Medical School, Barrack Road, Exeter EX2 5AX,

United Kingdom. A.T.Hattersley@ex.ac.uk

SOURCE: Journal of the Royal Society of Medicine, Supplement,

(2004) Vol. 97, No. 44, pp. 26-35. .

Refs: 78

ISSN: 0267-5331 CODEN: JRMSEW

COUNTRY: United Kingdom

DOCUMENT TYPE: Journal; Conference Article

FILE SEGMENT: 003 Endocrinology

006 Internal Medicine 037 Drug Literature Index 038 Adverse Reactions Titles

LANGUAGE: English

ENTRY DATE: Entered STN: 20040617

Last Updated on STN: 20040617

CONTROLLED TERM: Medical Descriptors:

*cystic fibrosis

*diabetes mellitus: DT, drug therapy

*insulin deficiency

screening

diagnostic procedure glucose blood level glucose tolerance test oral glucose tolerance test

glucose urine level

incidence prevalence mortality morbidity pathophysiology

pancreas islet beta cell pancreas islet alpha cell

cell function insulin resistance

clearance
diet

glucose transport

lactic acidosis: SI, side effect

hypoxia: SI, side effect diarrhea: SI, side effect anorexia: SI, side effect

abdominal discomfort: SI, side effect

human

clinical trial
conference paper
Drug Descriptors:

hemoglobin Alc: EC, endogenous compound

insulin: DT, drug therapy

insulin: EC, endogenous compound antidiabetic agent: DT, drug therapy

antidiabetic agent: PO, oral drug administration

```
tolbutamide: DT, drug therapy
                    tolbutamide: IV, intravenous drug administration
                    glipizide: CT, clinical trial
                    glipizide: DT, drug therapy
                    glucose: IV, intravenous drug administration
                    glibenclamide: DT, drug therapy
                    biguanide: AE, adverse drug reaction
                    biquanide: DT, drug therapy
                    metformin: AE, adverse drug reaction
                    metformin: DT, drug therapy
                    acarbose: AE, adverse drug reaction
                    acarbose: DT, drug therapy
                      2,4 thiazolidinedione derivative: DT, drug therapy
                    repaglinide: AE, adverse drug reaction
                    repaglinide: CM, drug comparison
                    repaglinide: DT, drug therapy
                    repaglinide: PD, pharmacology (hemoglobin Alc) 62572-11-6; (insulin) 9004-10-8;
CAS REGISTRY NO.:
                    (tolbutamide) 473-41-6, 64-77-7; (glipizide) 29094-61-9;
                    (glucose) 50-99-7, 84778-64-3; (glibenclamide) 10238-21-8;
                     (biguanide) 56-03-1; (metformin) 1115-70-4, 657-24-9;
                    (acarbose) 56180-94-0; (repaglinide) 135062-02-1
L148 ANSWER 45 OF 56 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights
     reserved on STN
                    2004019358 EMBASE
ACCESSION NUMBER:
TITLE:
                    IDdb new focus.
                    Current Drug Discovery, (2003) No. DEC., pp. 12. .
SOURCE:
                    ISSN: 1472-7463 CODEN: CDDUAI
COUNTRY:
                    United Kingdom
DOCUMENT TYPE:
                    Journal; Note
FILE SEGMENT:
                    006
                            Internal Medicine
                    008
                            Neurology and Neurosurgery
                    030
                            Pharmacology
                    037
                            Drug Literature Index
                    038
                            Adverse Reactions Titles
                    039
                            Pharmacy
LANGUAGE:
                    English
                    Entered STN: 20040122
ENTRY DATE:
                    Last Updated on STN: 20040122
CONTROLLED TERM:
                    Medical Descriptors:
                    *drug research
                    neuropathic pain: DT, drug therapy
                    rheumatoid arthritis: DT, drug therapy
                      cystic fibrosis: DT, drug therapy
                    retina detachment: DT, drug therapy
                    retina edema: DT, drug therapy
                    allergic rhinitis: DT, drug therapy
                    diabetes mellitus: DT, drug therapy
                    drug mechanism
                    liver toxicity: SI, side effect
                    structure activity relation
                    drug formulation
                    drug efficacy
                    low drug dose
                    controlled release formulation
                    cardiovascular disease: DT, drug therapy
                    thrombosis: DT, drug therapy
                    drug metabolism
                    pulmonary hypertension: DT, drug therapy
```

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drug screening
drug industry
biotechnology
human
clinical trial
note
Drug Descriptors:
purinergic receptor blocking agent: CT, clinical trial
purinergic receptor blocking agent: DT, drug therapy
purinergic receptor blocking agent: PD, pharmacology
purinergic receptor blocking agent: NA, intranasal drug
administration
ins 48506: DT, drug therapy
ins 48506: PD, pharmacology
azd 9056: CT, clinical trial
azd 9056: DT, drug therapy
azd 9056: PD, pharmacology
isis 13920: DT, drug therapy
isis 13920: PD, pharmacology
ins 37217: CT, clinical trial
ins 37217: DT, drug therapy
ins 37217: PD, pharmacology
ins 37217: NA, intranasal drug administration
antisense oligonucleotide
peroxisome proliferator activated receptor agonist: AE,
adverse drug reaction
peroxisome proliferator activated receptor agonist: CT,
clinical trial
peroxisome proliferator activated receptor agonist: DT,
drug therapy
peroxisome proliferator activated receptor agonist: PD,
pharmacology
  rosiglitazone: AE, adverse drug reaction
  rosiglitazone: CT, clinical trial
  rosiglitazone: DT, drug therapy
  rosiglitazone: PD, pharmacology
  pioglitazone: AE, adverse drug reaction
  pioglitazone: CT, clinical trial
  pioglitazone: DT, drug therapy
  pioglitazone: PD, pharmacology
  troglitazone: AE, adverse drug reaction
  troglitazone: CT, clinical trial
  troglitazone: DT, drug therapy
  troglitazone: PD, pharmacology
insulin sensitizing agent: AE, adverse drug reaction
insulin sensitizing agent: CT, clinical trial
insulin sensitizing agent: AN, drug analysis
insulin sensitizing agent: DT, drug therapy
insulin sensitizing agent: PD, pharmacology
mbx 2044: CT, clinical trial
mbx 2044: DT, drug therapy
mbx 2044: PD, pharmacology
mbx 102: CT, clinical trial
mbx 102: AN, drug analysis
mbx 102: DT, drug therapy
mbx 102: PD, pharmacology
mbx 675: CT, clinical trial mbx 675: DT, drug therapy
mbx 675: PD, pharmacology
oxycodone: CT, clinical trial
```

```
oxycodone: CB, drug combination
                    oxycodone: DT, drug therapy
                    oxycodone: PR, pharmaceutics
                    oxycodone: PD, pharmacology
                    oxycodone: PO, oral drug administration
                    long acting drug: CT, clinical trial
                    long acting drug: CB, drug combination
                    long acting drug: DT, drug therapy
                    long acting drug: PR, pharmaceutics
                    long acting drug: PD, pharmacology
                    long acting drug: PO, oral drug administration
                    morphine derivative: CT, clinical trial
                    morphine derivative: PR, pharmaceutics
                    morphine derivative: PD, pharmacology
                    morphine derivative: IV, intravenous drug administration
                    morphine derivative: PO, oral drug administration
                    pti 555: CT, clinical trial
                    pti 555: PR, pharmaceutics
                    pti 555: PD, pharmacology
                    pti 555: IV, intravenous drug administration
                    pti 555: PO, oral drug administration
                    pti 501: CT, clinical trial
                    pti 501: PR, pharmaceutics
                    pti 501: PD, pharmacology
                    pti 501: IV, intravenous drug administration
                    pti 501: PO, oral drug administration
                    naltrexone: CT, clinical trial
                    naltrexone: CB, drug combination
                    naltrexone: DO, drug dose
                    naltrexone: PR, pharmaceutics
                    naltrexone: PD, pharmacology
                    naltrexone: IV, intravenous drug administration
                    naltrexone: PO, oral drug administration
                    hydroxymethylglutaryl coenzyme A reductase inhibitor: DT,
                    drug therapy
                    hydroxymethylglutaryl coenzyme A reductase inhibitor: PD,
                    pharmacology
                    ncx 6550: DT, drug therapy
                    ncx 6550: PD, pharmacology
                    ncx 6554: DT, drug therapy
                    ncx 6554: PD, pharmacology
                    ncx 5022: DT, drug therapy
                    ncx 5022: PD, pharmacology
                    malonyl coenzyme A: EC, endogenous compound
                    enzyme inhibitor: CT, clinical trial
CONTROLLED TERM:
                    Drug Descriptors:
                    enzyme inhibitor: PK, pharmacokinetics
                    enzyme inhibitor: PD, pharmacology
                    cbi 300864: CT, clinical trial
                    cbi 300864: PK, pharmacokinetics
                    cbi 300864: PD, pharmacology
                    antineoplastic agent: DV, drug development
                    antineoplastic agent: PD, pharmacology
                    iloprost: DT, drug therapy
                    unindexed drug
                    unclassified drug
                    oxytrex
                    remoxy
CAS REGISTRY NO.:
                    (rosiglitazone) 122320-73-4,
                    155141-29-0; (pioglitazone)
```

105355-27-9, 111025-46-8; (

troglitazone) 97322-87-7; (oxycodone)

124-90-3, 76-42-6; (naltrexone) 16590-41-3, 16676-29-2; (malonyl coenzyme A) 524-14-1; (iloprost) 78919-13-8,

82889-99-4

CHEMICAL NAME: (1) Azd 9056; (2) Isis 13920; (3) Avandia;

(4) Actos; (5) Rezulin; (6) Mbx 2044; (7)

Mbx 102; (8) Mbx 675; (9) Pti 555; (10) Pti 501; (11) Oxytrex; (12) Ncx 6550; (13) Ncx 6554; (14) Ncx 5022; (15)

Remoxy; (16) Cbi 300864; Ins 48506; Ins 37217

COMPANY NAME: (1) Astra Zeneca; (2) Abbott; (3) Glaxo SmithKline; (4)

Takeda; (5) Sankyo (Japan); (8) Metabolex; (14) Nicox; (15)

Pain Therapeutics; (16) Chugai; Cambridge Research;

Phenomix; Plexxikon; Schering

L148 ANSWER 46 OF 56 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2003278657 EMBASE

TITLE: Opinion and evidence for treatments in endocrine disorders.

SOURCE: Treatments in Endocrinology, (2002) Vol. 1, No. 2, pp.

131-141. .

ISSN: 1175-6349 CODEN: TERNAN

COUNTRY: New Zealand

DOCUMENT TYPE: Journal; General Review FILE SEGMENT: 003 Endocrinology

010 Obstetrics and Gynecology

036 Health Policy, Economics and Management

037 Drug Literature Index 038 Adverse Reactions Titles

LANGUAGE: English SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 20030731

Last Updated on STN: 20030731

ABSTRACT: New treatments and treatment protocols for endocrine disorders are evolving rapidly, and research and development activity in the endocrinology field is high. Optimal therapy remains contentious in some areas. To help you keep up-to-date with the latest advances worldwide on all aspects of drug therapy and management of endocrine disorders, this section of thejournal brings you information selected from the rapid drug news alerting service Inpharma Weekly. Each issue contains easy-to-read summaries of the most important research and development news, clinical studies, treatment guidelines, pharmacoeconomic and adverse drug reaction news, and expert opinion pieces published in the world's top endocrinology journals.

CONTROLLED TERM: Medical Descriptors:

*endocrine disease: DM, disease management

*endocrine disease: DT, drug therapy

practice guideline
drug monitoring

non insulin dependent diabetes mellitus: DM, disease

management

non insulin dependent diabetes mellitus: DT, drug therapy

abdominal pain: SI, side effect

nausea: SI, side effect vomiting: SI, side effect headache: SI, side effect

breast cancer: DT, drug therapy breast cancer: PC, prevention breast cancer: SI, side effect hypertension: DT, drug therapy

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Alzheimer disease: DT, drug therapy
Alzheimer disease: PC, prevention
cardiovascular disease: DT, drug therapy
cardiovascular disease: PC, prevention
adrenal insufficiency: DT, drug therapy vertebra fracture: DT, drug therapy
vertebra fracture: PC, prevention
obesity: DT, drug therapy
hypercholesterolemia: DT, drug therapy
  cystic fibrosis: DT, drug therapy
pancreatitis: SI, side effect
heart infarction: SI, side effect
stroke: SI, side effect
sudden death
side effect: SI, side effect
heart arrhythmia: SI, side effect
seizure: SI, side effect
psychosis: SI, side effect
postmenopause osteoporosis: DT, drug therapy
postmenopause osteoporosis: PC, prevention
human
clinical trial
randomized controlled trial
controlled study
review
priority journal
Drug Descriptors:
metformin: CT, clinical trial
metformin: DT, drug therapy
metformin: PE, pharmacoeconomics
estrogen: AE, adverse drug reaction
estrogen: CB, drug combination
estrogen: DT, drug therapy
gestagen: AE, adverse drug reaction
gestagen: CB, drug combination
gestagen: CM, drug comparison
gestagen: DT, drug therapy
gestagen: PE, pharmacoeconomics
dipeptidyl carboxypeptidase inhibitor: DT, drug therapy
angiotensin receptor antagonist: DT, drug therapy
diuretic agent: DT, drug therapy
beta adrenergic receptor blocking agent: DT, drug therapy
alpha adrenergic receptor blocking agent: DT, drug therapy
estradiol: DT, drug therapy
estradiol: PO, oral drug administration
corticosteroid: AE, adverse drug reaction
dexamethasone: DT, drug therapy
prednisone: DT, drug therapy
fludrocortisone: DT, drug therapy
fludrocortisone: PO, oral drug administration
hydrocortisone: DT, drug therapy
methylprednisolone: DT, drug therapy
raloxifene: CT, clinical trial
raloxifene: CM, drug comparison
raloxifene: DT, drug therapy
raloxifene: PE, pharmacoeconomics
raloxifene: PD, pharmacology
tetrahydrolipstatin: DT, drug therapy
human growth hormone: DT, drug therapy
human growth hormone: SC, subcutaneous drug administration
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rosiglitazone: DT, drug therapy alendronic acid: AE, adverse drug reaction Ephedra extract: AE, adverse drug reaction

Ephedra extract: CB, drug combination caffeine: AE, adverse drug reaction

caffeine: CB, drug combination antidiabetic agent: DT, drug therapy

antidiabetic agent: PO, oral drug administration

sulfonylurea derivative: DT, drug therapy

sulfonylurea derivative: PO, oral drug administration

biguanide derivative: DT, drug therapy

biguanide derivative: PO, oral drug administration

alpha glucosidase inhibitor: DT, drug therapy

alpha glucosidase inhibitor: PO, oral drug administration

nateglinide: DT, drug therapy

nateglinide: PO, oral drug administration conjugated estrogen: CM, drug comparison conjugated estrogen: DT, drug therapy conjugated estrogen: PE, pharmacoeconomics

conjugated estrogen: PO, oral drug administration oral contraceptive agent: AE, adverse drug reaction oral contraceptive agent: PO, oral drug administration

unindexed drug

CAS REGISTRY NO.: (metformin) 1115-70-4, 657-24-9; (estradiol) 50-28-2;

(dexamethasone) 50-02-2; (prednisone) 53-03-2;

(fludrocortisone) 127-31-1; (hydrocortisone) 50-23-7; (methylprednisolone) 6923-42-8, 83-43-2; (raloxifene) 82640-04-8, 84449-90-1; (tetrahydrolipstatin) 96829-58-2;

(human growth hormone) 12629-01-5; (rosiglitazone

) 122320-73-4, 155141-29-0; (alendronic

acid) 66376-36-1; (caffeine) 30388-07-9, 58-08-2; (nateglinide) 105746-37-0, 105816-04-4, 105816-06-6

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2001212418 EMBASE ACCESSION NUMBER:

Pharmacogenomics: Will it change the field of medicine?. TITLE:

Wieczorek S.J.; Tsongalis G.J. AUTHOR:

G.J. Tsongalis, Department of Pathology Medicine, Hartford CORPORATE SOURCE:

Hospital, 80 Seymour Street, Hartford, CT 06102, United

States. gtsonga@harthosp.org

SOURCE: Clinica Chimica Acta, (2001) Vol. 308, No. 1-2, pp. 1-8. .

Refs: 55

ISSN: 0009-8981 CODEN: CCATAR

S 0009-8981(01)00419-3 PUBLISHER IDENT .:

Netherlands COUNTRY:

Journal; General Review DOCUMENT TYPE: Human Genetics FILE SEGMENT: 022

> Drug Literature Index 037 038 Adverse Reactions Titles

LANGUAGE: English SUMMARY LANGUAGE: English

Entered STN: 20010628 ENTRY DATE:

Last Updated on STN: 20010628

ABSTRACT: Pharmacogenomics has become increasingly important in healthcare, both from the standpoint of new drug development and primary care. Industry will benefit from the identification of new targets, screening of new therapeutic agents for adverse affects before clinical trials, and tailoring of therapeutic agents to individual patients. Physicians and patients will benefit since the medication and method of therapy can be tailored for the

maximum health effects. In the near future, genetic profiles of individual patients, via an electronic medical record, will be available to clinicians so that therapeutic strategies may be optimized from the time of initial therapy. As the Human Genome Project comes to an end, we must continue to gather information identifying SNPs and genes as well as clinical data to support the medical efficacy of such genetic profiling.

```
CONTROLLED TERM:
                    Medical Descriptors:
                    *pharmacogenomics
                    drug response
                    drug metabolism
                    history of medicine
                    drug transport
                      cystic fibrosis
                    drug receptor binding
                    drug induced disease: SI, side effect
                    exercise.
                    gastrointestinal disease
                    human
                    review
                    priority journal
                    Drug Descriptors:
                    cytochrome P450: EC, endogenous compound
                    cytochrome P450 3A: EC, endogenous compound
                    cytochrome P450 2D6: EC, endogenous compound
                    cytochrome P450 2C19: EC, endogenous compound
                    cytochrome P450 2C9: EC, endogenous compound
                    anticonvulsive agent
                    rifampicin
                    antifungal agent: IT, drug interaction
                    macrolide
                    mibefradil: AE, adverse drug reaction
                    mibefradil: IT, drug interaction
                    antihypertensive agent: AE, adverse drug reaction
                    antihypertensive agent: IT, drug interaction
                    simvastatin: AE, adverse drug reaction
                    simvastatin: IT, drug interaction
                      troglitazone: AE, adverse drug reaction
                      troglitazone: PD, pharmacology
                    cyclosporin
                    terfenadine
                    atorvastatin
                    fexofenadine
                    cisapride: IT, drug interaction
                    proteinase inhibitor: IT, drug interaction
                    calcium channel blocking agent: IT, drug interaction
                    digitalis glycoside
                    digoxin
                    cyclosporin A
                    carrier protein
                    drug receptor
                    isoprenaline
                    xanthine derivative: PD, pharmacology
                    salbutamol
                    formoterol
                    (cytochrome P450) 9035-51-2; (rifampicin) 13292-46-1;
CAS REGISTRY NO.:
                    (mibefradil) 116666-63-8; (simvastatin) 79902-63-9; (
                    troglitazone) 97322-87-7; (cyclosporin)
                    79217-60-0; (terfenadine) 50679-08-8; (atorvastatin)
                    134523-00-5, 134523-03-8; (fexofenadine) 138452-21-8;
```

(cisapride) 81098-60-4; (proteinase inhibitor) 37205-61-1;

(digoxin) 20830-75-5, 57285-89-9; (cyclosporin A) 59865-13-3, 63798-73-2; (carrier protein) 80700-39-6; (isoprenaline) 299-95-6, 51-30-9, 6700-39-6, 7683-59-2;

(salbutamol) 18559-94-9; (formoterol) 73573-87-2

CHEMICAL NAME: Rezulin; Propulsid

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ACCESSION NUMBER: 2001011622 EMBASE

TITLE: Plasma membrane content of glucose transporter 4 in

skeletal muscle and visceral fat in OLETF rats treated with

troglitazone.

AUTHOR: Liu Y.; Zhang J.; Xu Z.; Li X.; Zhao D.; Cui X.; Bai W.;

Wang T.; Yang J.; Iwamoto Y.; Tsushima T.

CORPORATE SOURCE: Y. Liu, Department of Endocrinology, 306th Hospital,

Beijing 100101, China. liuyanjun@public.gb.com.cn

SOURCE: Journal of Health Science, (2000) Vol. 46, No. 6, pp.

441-446. Refs: 15

ISSN: 1344-9702 CODEN: JHSCFD

COUNTRY: Japan

DOCUMENT TYPE: Journal; Article FILE SEGMENT: 003 Endocrinology

006 Internal Medicine

030 Pharmacology

037 Drug Literature Index

LANGUAGE: English SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 20010119

Last Updated on STN: 20010119

ABSTRACT: The exact mechanism by which troglitazone improves insulin sensitivity is not well understood. Eight 35-week-old male diabetic Otsuka Long-Evans Tokushima Fatty (OLETF) rats were treated with troglitazone (30 mg/kg body weight/d) for 20 d (OLETF-T). Body composition, glucose tolerance, serum lipid profile and expression of glucose transporter 4 (Glut 4) in OLETF-T were compared with those in 8 male control OLETF rats and in 18 normal Long Evans Tokushima Otsuka (LETO) rats. Body weight, visceral fat weight, and pancreas weight in OLETF-T rats were significantly lower than those in OLETF rats (p < 0.05). Furthermore, troglitazone treatment attenuated atrophy and fibrosis of the pancreas. Serum concentrations of glucose, triglyceride, total cholesterol and immunoreactive insulin (IRI) were also significantly lower in OLETF-T rats. Expression of Glut 4 in plasma membrane fractions of skeletal muscle and visceral fat was detected by Western blot. The amount of Glut 4 protein in skeletal muscle in OLETF rats was 52% of that in LETO rats, and 75% for OLETF-T rats. In visceral fat, Glut 4 expressions in OLETF and OLETF-T rats were 38% and 83%, respectively, of that in LETO rats. Thus, treatment with troglitazone prevented the decrease of Glut 4 expression seen in OLETF rats. Glucose tolerance was improved significantly by the treatment, and the amount of secreted IRI in response to oral glucose tolerance test was 1798 pM, 702.2 pM, and 1103.5 pM, in OLETF, OLETF-T and LETO rats, respectively. The data presented suggest that treatment with troglitazone increased the Glut 4 expression in both skeletal and visceral fat tissues of OLETF rats, which may result in the improvement of insulin sensitivity and preservation of pancreas function.

CONTROLLED TERM: Medical Descriptors:

*diabetes mellitus: DT, drug therapy

*protein localization

*body fat

*skeletal muscle
cell membrane
rat strain
body composition
glucose tolerance test
lipid blood level
protein expression
body weight

cystic fibrosis atrophy

pancreas

Western blotting treatment outcome insulin sensitivity pancreas function

nonhuman male rat

animal experiment animal model controlled study article

Drug Descriptors:

*glucose transporter: EC, endogenous compound *glucose transporter 4: EC, endogenous compound

*troglitazone: DT, drug therapy *troglitazone: PD, pharmacology glucose: EC, endogenous compound

triacylglycerol: EC, endogenous compound cholesterol: EC, endogenous compound

immunoreactive insulin: EC, endogenous compound

unclassified drug

CAS REGISTRY NO.: (troglitazone) 97322-87-7; (glucose)

50-99-7, 84778-64-3; (cholesterol) 57-88-5

L148 ANSWER 49 OF 56 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2001186387 EMBASE

TITLE: From gene-specific tests to pharmacogenetics.

AUTHOR: Middleton L.; Freeman A.; Brewster S.; Foster C.; Roses A. CORPORATE SOURCE: Dr. L. Middleton, GlaxoSmithKline Res. and Development, 891-995 Greenford Road, Greenford UB6 OHE, United Kingdom.

LTM81817@glaxowellcome.co.uk

SOURCE: Community Genetics, (2000) Vol. 3, No. 4, pp. 198-203. .

Refs: 26

ISSN: 1422-2795 CODEN: COGEFX

COUNTRY: Switzerland

DOCUMENT TYPE: Journal; Conference Article
FILE SEGMENT: 006 Internal Medicine
022 Human Genetics
030 Pharmacology

037 Drug Literature Index 038 Adverse Reactions Titles

LANGUAGE: English SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 20010614

Last Updated on STN: 20010614

ABSTRACT: Over the next 3-5 years pharmacogenetics will provide opportunities to enhance the efficacy and tolerability of medicines, accelerated by the ongoing rapid development of a high-density map of single-nucleotide

polymorphisms (SNP) and of high-throughput SNP scoring technologies. It is important that this application of genetic technology is clearly differentiated from genetic tests for monogenic and complex diseases, which are associated with a number of ethical, legal and social implications. The ethical, legal and social issues associated with pharmacogenetics need to be identified and clearly differentiated from those associated with gene-specific tests for disease. Copyright .COPYRGT. 2001 S. Karger AG, Basel.

```
CONTROLLED TERM:
                    Medical Descriptors:
                    *pharmacogenetics
                    *genetic disorder: DI, diagnosis
                    *genetic disorder: ET, etiology
                    *single nucleotide polymorphism
                    Huntington chorea: DI, diagnosis
                    Huntington chorea: ET, etiology
                      cystic fibrosis: DI, diagnosis
                      cystic fibrosis: ET, etiology
                    gene mutation
                    genetic counseling
                    drug metabolism
                    drug safety
                    drug induced disease: SI, side effect
                    bone marrow suppression: SI, side effect
                    neurotoxicity: SI, side effect
                    DNA sequence
                    enzyme deficiency
                    bleeding: SI, side effect
                    asthma: DT, drug therapy
                    glioma: DT, drug therapy
                    tuberculosis: DT, drug therapy
                    hyperlipidemia: DT, drug therapy
                    human
                    clinical trial
                    conference paper
                    priority journal
                    Drug Descriptors:
                    *cytochrome P450
                    *antineoplastic agent: AE, adverse drug reaction
                    *antineoplastic agent: PK, pharmacokinetics
                    *fluorouracil: AE, adverse drug reaction
                    *fluorouracil: PK, pharmacokinetics
                    *mercaptopurine: AE, adverse drug reaction
                    *mercaptopurine: PK, pharmacokinetics
                    *fluoxetine: AE, adverse drug reaction
                    *fluoxetine: PK, pharmacokinetics
                    *moclobemide: AE, adverse drug reaction
                    *moclobemide: PK, pharmacokinetics
                    *omeprazole: AE, adverse drug reaction
                    *omeprazole: PK, pharmacokinetics
                    cytochrome P450 2D6
                    cytochrome P450 2C9
                    cytochrome P450 2C19
                    warfarin: AE, adverse drug reaction
                    warfarin: PK, pharmacokinetics
                    phenytoin: AE, adverse drug reaction
                    phenytoin: PK, pharmacokinetics
                    tolbutamide: AE, adverse drug reaction
                    tolbutamide: PK, pharmacokinetics
                    glipizide: AE, adverse drug reaction
                    glipizide: PK, pharmacokinetics
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nifedipine: AE, adverse drug reaction
                    nifedipine: PK, pharmacokinetics
                    antiarrhythmic agent: AE, adverse drug reaction
                    antiarrhythmic agent: PK, pharmacokinetics
                    antidepressant agent: AE, adverse drug reaction
                    antidepressant agent: PK, pharmacokinetics
                    opiate: AE, adverse drug reaction
                    opiate: PK, pharmacokinetics
                    formoterol: CT, clinical trial
                    formoterol: AD, drug administration
                    formoterol: DT, drug therapy
                    formoterol: PD, pharmacology
                    formoterol: IH, inhalational drug administration
                    beta 2 adrenergic receptor stimulating agent: CT, clinical
                    trial
                    beta 2 adrenergic receptor stimulating agent: AD, drug
                    administration
                    beta 2 adrenergic receptor stimulating agent: DT, drug
                    therapy
                    beta 2 adrenergic receptor stimulating agent: PD,
                    pharmacology
                    beta 2 adrenergic receptor stimulating agent: IH,
                    inhalational drug administration
                    isoniazid: AE, adverse drug reaction
                    isoniazid: DT, drug therapy
                    isoniazid: PK, pharmacokinetics
                    tuberculostatic agent: AE, adverse drug reaction
                    tuberculostatic agent: DT, drug therapy
                    tuberculostatic agent: PK, pharmacokinetics
                    pravastatin: DT, drug therapy
                    pravastatin: PD, pharmacology
                    hydroxymethylglutaryl coenzyme A reductase inhibitor: DT,
                    drug therapy
                    hydroxymethylglutaryl coenzyme A reductase inhibitor: PD,
                    pharmacology
                    antilipemic agent: DT, drug therapy
                    antilipemic agent: PD, pharmacology
                    benoxaprofen: AE, adverse drug reaction
                    terfenadine: AE, adverse drug reaction
                      troglitazone: AE, adverse drug reaction
                    carmustine: DT, drug therapy
                    carmustine: PD, pharmacology
                    unindexed drug
                    (cytochrome P450) 9035-51-2; (fluorouracil) 51-21-8;
CAS REGISTRY NO.:
                    (mercaptopurine) 31441-78-8, 50-44-2, 6112-76-1;
                    (fluoxetine) 54910-89-3, 56296-78-7, 59333-67-4;
                    (moclobemide) 71320-77-9; (omeprazole) 73590-58-6,
                    95510-70-6; (warfarin) 129-06-6, 2610-86-8, 3324-63-8,
                    5543-58-8, 81-81-2; (phenytoin) 57-41-0, 630-93-3;
                    (tolbutamide) 473-41-6, 64-77-7; (glipizide) 29094-61-9;
                    (nifedipine) 21829-25-4; (opiate) 53663-61-9, 8002-76-4,
                    8008-60-4; (formoterol) 73573-87-2; (isoniazid) 54-85-3,
                    62229-51-0, 65979-32-0; (pravastatin) 81131-74-0;
                    (benoxaprofen) 51234-28-7; (terfenadine) 50679-08-8; (
                    troglitazone) 97322-87-7; (carmustine)
                    154-93-8
L148 ANSWER 50 OF 56 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights
    reserved on STN
ACCESSION NUMBER:
                   2000219418 EMBASE
```

TITLE: Correction of hyperinsulinemia in oligoovulatory women with

clomiphene- resistant polycystic ovary syndrome: A review

of therapeutic rationale and reproductive outcomes.

AUTHOR: Sills E.S.; Perloe M.; Palermo G.D.

CORPORATE SOURCE: Dr. E.S. Sills, 5445 Meridian Mark Rd., Atlanta, GA 30342,

United States. dr.sills@ivf.com

SOURCE: European Journal of Obstetrics Gynecology and Reproductive

Biology, (2000) Vol. 91, No. 2, pp. 135-141. .

Refs: 33

ISSN: 0301-2115 CODEN: EOGRAL

PUBLISHER IDENT.: S 0301-2115(99)00287-0

COUNTRY: Ireland

DOCUMENT TYPE: Journal; General Review FILE SEGMENT: 003 Endocrinology

010 Obstetrics and Gynecology

030 Pharmacology

037 Drug Literature Index 038 Adverse Reactions Titles

LANGUAGE: English SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 20000720

Last Updated on STN: 20000720

ABSTRACT: Polycystic ovary syndrome (PCOS) describes a convergence of chronic multisystem endocrine derangements, including irregular menses, hirsutism, obesity, hyperlipidemia, androgenization, large and cystic-appearing ovaries, insulin resistance and subfertility. Few PCOS patients exhibit all of these features, and often only one sign or symptom is evident. The sequelae of PCOS reach beyond reproductive health, as women affected with PCOS have increased relative risks for myocardial infarction, hypertension, ischemic heart disease, thromboembolic disease and diabetes. Although the adverse health consequences associated with PCOS are substantial, unfortunately most women are not aware of these risks. Indeed, in infertility practice such concerns are secondary as most patients are referred for treatment specifically to achieve a pregnancy. Impairments in insulin metabolism appear central to the physiologic cascade of PCOS, yet clomiphene therapy fails to remedy this defect. Several investigators have described satisfactory reproductive outcomes for PCOS patients treated with oral insulin-lowering agents. In this report, we outline a diagnostic and therapeutic approach for women with PCOS refractory to clomiphene with attention to the underlying insulin imbalance associated with impaired fertility. (C) 2000 Elsevier Science Ireland Ltd.

CONTROLLED TERM: Medical Descriptors:

*hyperinsulinemia: CO, complication *hyperinsulinemia: DT, drug therapy *hyperinsulinemia: ET, etiology

*ovary polycystic disease: DI, diagnosis *ovary polycystic disease: DR, drug resistance *ovary polycystic disease: DT, drug therapy

*hormonal therapy clinical feature

heart infarction: CO, complication hypertension: CO, complication

ischemic heart disease: CO, complication

thromboembolism: CO, complication diabetes mellitus: CO, complication

insulin metabolism treatment outcome drug efficacy menstrual cycle dose response dexamethasone suppression test lactic acidosis: SI, side effect

```
female fertility
                    ovulation
                    human
                    clinical trial
                    review
                    priority journal
                    Drug Descriptors:
                    *clomifene: CB, drug combination
                    *clomifene: DT, drug therapy
                    *clomifene: PD, pharmacology
                    *insulin: EC, endogenous compound
                    *metformin: AE, adverse drug reaction
                    *metformin: DO, drug dose
                    *metformin: DT, drug therapy
                    *metformin: PD, pharmacology
                    *metformin: PO, oral drug administration
                    dexamethasone: DT, drug therapy
                    alanine aminotransferase: EC, endogenous compound
                      rosiglitazone: CB, drug combination
                      rosiglitazone: DT, drug therapy
                    piaglitazone: CB, drug combination
                    piaglitazone: DT, drug therapy
                    oral antidiabetic agent: AE, adverse drug reaction
                    oral antidiabetic agent: DO, drug dose
                    oral antidiabetic agent: DT, drug therapy
                    oral antidiabetic agent: PD, pharmacology
                    unclassified drug
                    (clomifene) 911-45-5; (insulin) 9004-10-8; (metformin)
CAS REGISTRY NO.:
                    1115-70-4, 657-24-9; (dexamethasone) 50-02-2; (alanine
                    aminotransferase) 9000-86-6, 9014-30-6; (
                    rosiglitazone) 122320-73-4,
                    155141-29-0
L148 ANSWER 51 OF 56 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights
    reserved on STN
ACCESSION NUMBER:
                    2000199718 EMBASE
TITLE:
                    29th Annual Meeting of New England Pharmacologists Brown
                    University, Providence, RI January 28-29, 2000.
AUTHOR:
                    Scriabine A.
                    Dr. A. Scriabine, Department of Pharmacology, Yale
CORPORATE SOURCE:
                    University School of Medicine, 333 Cedar Street, New Haven,
                    CT 06420, United States. alexander.scriabine@snet.net
SOURCE:
                    Cardiovascular Drug Reviews, (2000) Vol. 18, No. 1, pp.
                    89-92.
                    ISSN: 0897-5957 CODEN: CDREEA
COUNTRY:
                    United States
DOCUMENT TYPE:
                    Journal; Conference Article
FILE SEGMENT:
                    800
                            Neurology and Neurosurgery
                    018
                            Cardiovascular Diseases and Cardiovascular Surgery
                    030
                            Pharmacology
                    037
                            Drug Literature Index
                    038
                            Adverse Reactions Titles
LANGUAGE:
                    English
ENTRY DATE:
                    Entered STN: 20000630
                    Last Updated on STN: 20000630
CONTROLLED TERM:
                    Medical Descriptors:
                    *cardiovascular disease: ET, etiology
                    *cardiovascular disease: PC, prevention
```

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*neurologic disease: DT, drug therapy
*neurologic disease: ET, etiology
*neurologic disease: PC, prevention
*amyotrophic lateral sclerosis: DT, drug therapy
atherosclerosis: ET, etiology
atherosclerosis: PC, prevention
gene mutation
neuropharmacology
drug mechanism
brain protection
withdrawal syndrome
  cystic fibrosis: ET, etiology
non insulin dependent diabetes mellitus: DT, drug therapy
drug induced disease: SI, side effect
nausea: SI, side effect
vomiting: SI, side effect
coughing: SI, side effect
human
nonhuman
conference paper
priority journal
Drug Descriptors:
*recombinant ciliary neurotrophic factor: AE, adverse drug
reaction
*recombinant ciliary neurotrophic factor: DT, drug therapy
*recombinant ciliary neurotrophic factor: PD, pharmacology
*leptin
*cholinergic receptor
cholesterol ester transfer protein
epitope
tetanus toxoid: DV, drug development
4 aminobutyric acid A receptor
benzodiazepine receptor blocking agent
flumazenil
serotonin 1B receptor
eletriptan: CM, drug comparison
eletriptan: PK, pharmacokinetics
zolmitriptan: CM, drug comparison
zolmitriptan: PK, pharmacokinetics
sumatriptan: CM, drug comparison
sumatriptan: PK, pharmacokinetics
4 aminobutyric acid B receptor stimulating agent: DO, drug
dose
4 aminobutyric acid B receptor stimulating agent: IP,
intraperitoneal drug administration
baclofen: DO, drug dose
baclofen: CE, intracerebral drug administration
baclofen: IP, intraperitoneal drug administration
cannabinoid receptor antagonist
dronabinol
5 (4 chlorophenyl) 1 (2,4 dichlorophenyl) 4 methyl n (1
piperidyl) 1h pyrazole 3 carboxamide
  rosiglitazone
lidocaine
neurosteroid
mevinolin
morphine: DO, drug dose
morphine: SC, subcutaneous drug administration
verapamil
nifedipine
```

diltiazem

lidocaine ethobromide

CAS REGISTRY NO.: (tetanus toxoid) 57425-69-1, 93384-51-1; (flumazenil)

78755-81-4; (eletriptan) 143322-58-1; (zolmitriptan) 139264-17-8; (sumatriptan) 103628-46-2; (baclofen)

1134-47-0; (dronabinol) 7663-50-5; (5 (4 chlorophenyl) 1 (2,4 dichlorophenyl) 4 methyl n (1 piperidyl) 1h pyrazole 3

carboxamide) 158681-13-1; (rosiglitazone) 122320-73-4, 155141-29-0; (lidocaine)

137-58-6, 24847-67-4, 56934-02-2, 73-78-9; (mevinolin)
75330-75-5; (morphine) 52-26-6, 57-27-2; (verapamil)
152-11-4, 52-53-9; (nifedipine) 21829-25-4; (diltiazem)
33286-22-5, 42399-41-7; (lidocaine ethobromide) 21306-56-9

CHEMICAL NAME: Qx 314; Sr 141716a

L148 ANSWER 52 OF 56 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights

reserved on STN

ACCESSION NUMBER: 1999436563 EMBASE

TITLE: Diabetes mellitus in cystic fibrosis.

AUTHOR: Hardin D.S.; Moran A.

CORPORATE SOURCE: Dr. A. Moran, University of Minnesota, Department of

Pediatrics, Phillips Wangensteen Building, 13-128 516 Delaware Street, Minneapolis, MN 55455, United States.

moran001@tc.umn.edu

SOURCE: Endocrinology and Metabolism Clinics of North America,

(1999) Vol. 28, No. 4, pp. 787-800. .

Refs: 54

ISSN: 0889-8529 CODEN: ECNAER

COUNTRY: United States

DOCUMENT TYPE: Journal; General Review FILE SEGMENT: 003 Endocrinology

007 Pediatrics and Pediatric Surgery

037 Drug Literature Index

LANGUAGE: English SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 20000107

Last Updated on STN: 20000107

ABSTRACT: Glucose intolerance and diabetes are common complications of ***cystic*** fibrosis (CF), affecting up to 75% of the adult population. This article discusses the prevalence and pathophysiology of glucose tolerance abnormalities in CF, and reviews recent recommendations for diagnosis,

screening, and management of CF-related diabetes (CFRD) $\!.$

CONTROLLED TERM: Medical Descriptors:

*diabetes mellitus: CO, complication *diabetes mellitus: DI, diagnosis *diabetes mellitus: DT, drug therapy

*cystic fibrosis

glucose intolerance: CO, complication impaired glucose tolerance: DI, diagnosis impaired glucose tolerance: ET, etiology

pathophysiology

prevalence

disease association

insulin dependent diabetes mellitus non insulin dependent diabetes mellitus

diet restriction

human review

priority journal

Drug Descriptors:

*insulin: DT, drug therapy

*sulfonylurea derivative: DT, drug therapy

troglitazone: DT, drug therapy glibenclamide: DT, drug therapy metformin: DT, drug therapy

CAS REGISTRY NO.: (insulin) 9004-10-8; (troglitazone)

97322-87-7; (glibenclamide) 10238-21-8; (metformin)

1115-70-4, 657-24-9

L148 ANSWER 53 OF 56 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights

reserved on STN

ACCESSION NUMBER: 1998272614 EMBASE

TITLE: The diagnosis and management of cystic fibrosis

related diabetes.

AUTHOR: Hardin D.S.

CORPORATE SOURCE: Dr. D.S. Hardin, Baylor College of Medicine, M.S.B. 3.122,

6431 Fannin, Houston, TX 77030, United States.

dhardin@pedl.med.uth.edu

SOURCE: Endocrinologist, (1998) Vol. 8, No. 4, pp. 265-272. .

Refs: 22

ISSN: 1051-2144 CODEN: EDOCEB

COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 003 Endocrinology

037 Drug Literature Index

048 Gastroenterology

LANGUAGE: English SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 19980917

Last Updated on STN: 19980917

ABSTRACT: The incidence of abnormal glucose tolerance and diabetes mellitus in patients with <code>cystic</code> fibrosis (CF) is higher than in any other age-matched group. Diabetes in CF patients shares some clinical features with both type 1 and type 2 diabetes, but it is a unique disease and is called ***cystic*** fibrosis related diabetes (CFRD). Causes of CFRD include decreased insulin secretion, secondary to pancreatic insufficiency, and impaired insulin action. Patients with CFRD have increased morbidity and mortality and are subject to the same microvascular complications as non-CF patients. The goal of this article is to provide better understanding of the etiology and clinical consequences of CFRD and to provide endocrinologists with specific recommendations for diagnosis and management.

CONTROLLED TERM: Medical Descriptors:

*cystic fibrosis

*diabetes mellitus: CO, complication *diabetes mellitus: DI, diagnosis *diabetes mellitus: DT, drug therapy

impaired glucose tolerance

insulin release

pancreas insufficiency
insulin resistance
dietary intake

diabetic retinopathy: CO, complication diabetic neuropathy: CO, complication

glucose blood level hemoglobin analysis disease classification dose time effect relation

human

```
oral drug administration
                    article
                    Drug Descriptors:
                    *insulin: AD, drug administration
                    *insulin: DO, drug dose
                    *insulin: DT, drug therapy
                    *human insulin: AD, drug administration
                    *human insulin: DO, drug dose
                    *human insulin: DT, drug therapy
                    *insulin[b28 lysine b29 proline]: AD, drug administration
                    *insulin[b28 lysine b29 proline]: DO, drug dose
                    *insulin[b28 lysine b29 proline]: DT, drug therapy
                    *isophane insulin: AD, drug administration
                    *isophane insulin: DO, drug dose
                    *isophane insulin: DT, drug therapy
                    *insulin zinc suspension: AD, drug administration
                    *insulin zinc suspension: DO, drug dose
                    *insulin zinc suspension: DT, drug therapy
                    glipizide: DT, drug therapy
                    glibenclamide: DT, drug therapy
                    metformin: DT, drug therapy
                      troglitazone: DT, drug therapy
                    hemoglobin alc: EC, endogenous compound
                    (insulin) 9004-10-8; (human insulin) 11061-68-0;
CAS REGISTRY NO.:
                    (insulin[b28 lysine b29 proline]) 133107-64-9; (isophane
                    insulin) 9004-17-5; (insulin zinc suspension) 8049-62-5;
                    (glipizide) 29094-61-9; (glibenclamide) 10238-21-8;
                    (metformin) 1115-70-4, 657-24-9; (troglitazone)
                    97322-87-7; (hemoglobin alc) 62572-11-6
L148 ANSWER 54 OF 56 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on
     STN
ACCESSION NUMBER:
                    2003:295244 BIOSIS
DOCUMENT NUMBER:
                    PREV200300295244
                    Prevention of cholera and E. coli toxin-induced intestinal
TITLE:
                    ion and fluid secretion by a small molecule CFTR
                    inhibitor.
                    Thiagarajah, Jay R. [Reprint Author]; Broadbent, Talmage;
AUTHOR (S):
                    Verkman, Alan S.
                    Medicine and Physiology, Cardiovascular Research Institute,
CORPORATE SOURCE:
                    U.C.S.F, 1246 HSE, 505 Parnassus Avenue, San Francisco, CA,
                    94143-0521, USA
                    jayt@itsa.ucsf.edu; tb59@email.byu.edu;
                    verkman@itsa.ucsf.edu
SOURCE:
                    FASEB Journal, (March 2003) Vol. 17, No. 4-5, pp. Abstract
                    No. 600.14. http://www.fasebj.org/. e-file.
                    Meeting Info.: FASEB Meeting on Experimental Biology:
                    Translating the Genome. San Diego, CA, USA. April 11-15,
                    2003. FASEB.
                    ISSN: 0892-6638 (ISSN print).
                    Conference; (Meeting)
DOCUMENT TYPE:
                    Conference; Abstract; (Meeting Abstract)
LANGUAGE:
                    English
                    Entered STN: 25 Jun 2003
ENTRY DATE:
                    Last Updated on STN: 25 Jun 2003
ABSTRACT: Secretory diarrhea is the leading cause of infant death in developing
countries and a major cause of morbidity in adults with >5 million deaths
annually. The bacterial enterotoxins cholera toxin (CT) and heat stable
enterotoxin (STa) from E. coli are major agents causing secretory diarrhea by
inducing chloride and hence fluid secretion into the intestine. The
```

36002

```
***cystic*** fibrosis transmembrane conductance regulator (CFTR)
protein provides the apical route for chloride secretion across intestinal
epithelia. We recently identified a thiazolidinone-type CFTR blocker
(3-[(3-trifluoromethyl)phenyl]-5-[(3-carboxyphenyl) methylene]-2-
***thioxo*** -4-thiazolidinone, CFTRinh-172) by
high-throughput screening (J. Clin. Invest. in press, Dec. 2002).
colonic epithelial cells CFTRinh-172 inhibited cAMP and cGMP-induced
short-circuit current with KI apprx 5 ?M, but did not inhibit calcium-induced
currents. In mice, a single intraperitoneal injection of CFTRinh-172
(20 muq) inhibited cholera toxin-induced intestinal fluid accumulation by 90%
(t1/2 apprx3 h) with 50% inhibition at 4 mug. In rats, 200 mug CFTRinh
-172 blocked intestinal fluid secretion by > 80% for cholera toxin and by > 70%
for STa E. coli toxin. CFTRinh-172 blocked transepithelial
short-circuit current in colonic sheets in response to cAMP and cGMP agonists.
These findings show marked reduction by a CFTR blocker in intestinal
ion and fluid secretion caused by cAMP/cGMP-dependent bacterial enterotoxins.
***CFTR***
             inhibition may thus reduce fluid secretion in infectious secretory
diarrheas.
                    General biology - Symposia, transactions and proceedings
CONCEPT CODE:
                    00520
                    Cytology - Animal
                                       02506
                    Biochemistry studies - General
                                                     10060
                    Biophysics - Membrane phenomena
                                                    10508
                    Digestive system - Physiology and biochemistry
                    Digestive system - Pathology
                    Morphology and cytology of bacteria
```

Medical and clinical microbiology - Bacteriology INDEX TERMS: Major Concepts

Digestive System (Ingestion and Assimilation);

Infection; Membranes (Cell Biology)

Physiology and biochemistry of bacteria

INDEX TERMS: Diseases

bacterial secretory diarrhea: bacterial disease,

digestive system disease

INDEX TERMS: Diseases

cholera: bacterial disease, digestive system disease

Cholera (MeSH)

INDEX TERMS: Chemicals & Biochemicals

> chloride: secretion; cholera toxin; cystic fibrosis transmembrane conductance regulator [

CFTR]

ORGANISM: Classifier

> Enterobacteriaceae 06702

Super Taxa

Facultatively Anaerobic Gram-Negative Rods; Eubacteria;

Bacteria; Microorganisms

Organism Name

E. coli (miscellaneous) [Escherichia coli (species)]:

pathogen Taxa Notes

Bacteria, Eubacteria, Microorganisms

Classifier ORGANISM:

86375 Muridae

Super Taxa

Rodentia; Mammalia; Vertebrata; Chordata; Animalia

Organism Name mouse (common)

Taxa Notes

Animals, Chordates, Mammals, Nonhuman Vertebrates,

Nonhuman Mammals, Rodents, Vertebrates

REGISTRY NUMBER: 16887-00-6 (chloride)

L148 ANSWER 55 OF 56 USPATFULL on STN

ACCESSION NUMBER: 2005:318869 USPATFULL

TITLE: Methods, compositions and compound assays for

inhibiting amyloid-beta protein production

INVENTOR(S): Merchiers, Pascal Gerard, Tielen, BELGIUM

Spittaels, Koenraad Frederik Florentina, Puurs, BELGIUM

PATENT INFORMATION: US 2005277612 A1 20051215 APPLICATION INFO.: US 2005-110011 A1 20050420 (11)

NUMBER DATE

PRIORITY INFORMATION: US 2004-563764P 20040420 (60)

DOCUMENT TYPE: Utility FILE SEGMENT: APPLICATION

LEGAL REPRESENTATIVE: SYNNESTVEDT & LECHNER, LLP, 2600 ARAMARK TOWER, 1101

MARKET STREET, PHILADELPHIA, PA, 191072950, US

NUMBER OF CLAIMS: 31 EXEMPLARY CLAIM: 1

NUMBER OF DRAWINGS: 7 Drawing Page(s)

LINE COUNT: 2187

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

A method for identifying compounds that inhibit amyloid-beta precursor protein processing in cells, comprising contacting a test compound with a SPHK polypeptide, or fragment thereof, and measuring a compound-SPHK property related to the production of amyloid-beta peptide. Cellular assays of the method measure indicators including phosphorylated kinase substrate and/or amyloid beta peptide levels. Therapeutic methods, and pharmaceutical compositions including effective amyloid-beta precursor processing-inhibiting amounts of SPHK expression inhibitors, are useful for treating conditions involving cognitive impairment such as Alzheimer's Disease.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

DETD . . . and structural formulae below, are disclosed in these references, which are incorporated by reference,

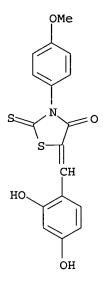
- A: Compounds 306301-68-8, 312636-16-1, **359899-55-1** and 24388-08-7 (French et al., 2003)
- B: DMS (N-dimethylsphingosine, D-erythro (BIOMOL)).
- C: S15183A (3. 7-octanoyloxy-3-heptyl-7-methyl-6,8-dioxo-2-oxa-2,6,7,8-tetrahydronaphthalene)
- D: F-12509. .
- DETD . . . promoters (e.g. HPRT, vimentin, actin, tubulin), intermediate filament promoters (e.g. desmin, neurofilaments, keratin, GFAP), therapeutic gene promoters (e.g. MDR type, CFTR, factor VIII), tissue-specific promoters (e.g. actin promoter in smooth muscle cells, or Flt and Flk promoters active in endothelial cells), . . .
- IT 24388-08-7 119567-63-4, N,N-Dimethylsphingosine 191608-64-7 210905-11-6, S 15183 A 306301-68-8 312636-16-1 **359899-55-1** (SPHK inhibitor; methods, compns. and compound assays for inhibiting β -amyloid protein production by inhibiting sphingosine kinase (SPHK), and anti-Alzheimer's uses)

IT 359899-55-1

(SPHK inhibitor; methods, compns. and compound assays for inhibiting β -amyloid protein production by inhibiting sphingosine kinase (SPHK), and anti-Alzheimer's uses)

RN 359899-55-1 USPATFULL

CN 4-Thiazolidinone, 5-[(2,4-dihydroxyphenyl)methylene]-3-(4-methoxyphenyl)-2-thioxo-(9CI) (CA INDEX NAME)



L148 ANSWER 56 OF 56 USPATFULL on STN

ACCESSION NUMBER: 2004:178306 USPATFULL

TITLE: Methods and compositions for modification of splicing

of pre-mRNA

INVENTOR(S): Kole, Ryszard, Chapel Hill, NC, UNITED STATES

NUMBER KIND DATE

PATENT INFORMATION: US 2004137472 A1 20040715
APPLICATION INFO.: US 2003-672501 A1 20030926 (10)

NUMBER DATE

PRIORITY INFORMATION: US 2002-414141P 20020927 (60)

DOCUMENT TYPE: Utility
FILE SEGMENT: APPLICATION

LEGAL REPRESENTATIVE: MYERS BIGEL SIBLEY & SAJOVEC, PO BOX 37428, RALEIGH,

NC, 27627

NUMBER OF CLAIMS: 7
EXEMPLARY CLAIM: 1

NUMBER OF DRAWINGS: 5 Drawing Page(s)

LINE COUNT: 908

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

The present invention provides a method of preventing a splicing event in a pre-mRNA molecule, comprising contacting the pre-mRNA and/or elements of the splicing machinery with a small molecule compound identified according to the methods described herein to prevent the splicing event in the pre-mRNA molecule. Further provided is a method of inducing a splicing event in a pre-mRNA molecule, comprising contacting

the pre-mRNA and/or elements of the splicing machinery with a small molecule compound identified according to the methods described herein to induce the splicing event in the pre-mRNA molecule. Furthermore, a method is provided herein of treating a patient having a disorder associated with an alternative or aberrant splicing event in a pre-mRNA molecule, comprising administering to the patient a therapeutically effective amount of a compound identified according to the methods described herein to prevent an alternative or aberrant splicing event in a pre-mRNA molecule, thereby treating the patient.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

DETD . . . would bind to β-hexoseaminidase α-subunit pre-mRNA), phenylketonuria (wherein the oligonucleotide would bind to phenylalanine hydroxylase pre-mRNA) and certain forms of cystic fibrosis (wherein the oligonucleotide would bind the cystic fibrosis gene pre-mRNA), in which mutations leading to aberrant splicing of pre-mRNA have been identified (See, e.g., S. Akli et al.,. . .

DETD . . . as topical administration (e.g., administration of an aerosolized formulation of respirable particles to the lungs of a patient afflicted with **cystic fibrosis** or lung cancer or a cream or lotion formulation for transdermal administration of patients with psoriasis). The formulations may conveniently. . .

60792-56-5, 1H-Benzimidazole-2-acetamide 123299-47-8 IT 56813-52-6 211565-51-4 **292172-90-8** 299418-26-1 312526-46-8 313483-60-2 316132-86-2 324774-89-2 325970-31-8 327030-83-1 353782-10-2 360050-83-5 393134-41-3 332897-12-8 353472-06-7 414886-90-1 415694-94-9 414882-19-2 414892-23-2 413617-61-5 416870-10-5 415921-88-9 415953-80-9 415954-13-1 415960-24-6 416896-09-8 418776-59-7 416886-08-3 416892-46-1 416872-75-8 419539-02-9 465536-61-2 467449-15-6 676515-94-9 418788-50-8 (small organic mols. for modification of splicing of pre-mRNA, screening method, and therapeutic use)

IT 292172-90-8

(small organic mols. for modification of splicing of pre-mRNA, screening method, and therapeutic use)

RN 292172-90-8 USPATFULL

CN 2,4-Thiazolidinedione, 5-(9-anthracenylmethylene)-3-phenyl- (9CI) (CA INDEX NAME)

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